



State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
NURSING HOME ADMINISTRATORS LICENSING BOARD
PO BOX 358
TRENTON, N.J. 08625-0358

JON S. CORZINE
Governor

www.nj.gov/health

FRED M. JACOBS, M.D., J.D.
Commissioner

TO: Administrators of Assisted Living Residences,
Comprehensive Personal Care Homes, and Assisted Living Programs

FROM: Barbara Goldman, R.N., J.D.
Assistant Director, Certificate of Need and Healthcare Facility Licensure,
Health Facilities Evaluation and Licensing

Andrew D. Benesch, Health Data Specialist 1

DATE: January, 2007

SUBJECT: Results of Assisted Living Surveys for 2005

Enclosed is a copy of a report containing the results of the following assisted living surveys for 2005:

- 1) Resident Profile Survey
- 2) Occupancy Survey
- 3) Licensing Survey

The Resident Profile Survey was mailed to each assisted living residence (ALR) and comprehensive personal care home (CPCH) in New Jersey in December, 2005. In addition, these facilities are required to submit the Occupancy Survey to the Department of Health and Senior Services (The Department) by April 15 of each year. Data from the Licensing Survey are collected at the facility at the time of inspection.

This report contains information concerning assisted living residents in New Jersey. The issues addressed are source of admission, discharge destination, reason for discharge, activities of daily living (ADL) needs, medication administration needs, cognitive task needs, age, gender, need to care for spouse, Medicaid coverage, length of stay, resident census, special services, resident contractual information, and staffing. We believe that you will find this information useful in determining how your facility compares with the statewide average for each of these measures.

We are pleased to report nearly 100% compliance with the requirement to submit the three surveys. The Department would like to thank all facilities for completing and submitting the surveys for 2005. If you have any questions, concerns, or comments on the report, you may contact Mr. Andrew Benesch, Health Data Specialist I, at (609) 633-9042.

**Results of Assisted Living Surveys
for the Year 2005**

**State of New Jersey
Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
January, 2007**

Introduction

The Department of Health and Senior Services defines assisted living as “a special combination of housing, personalized support services and health care designed to accommodate those who need help with the activities of daily living (ADLs) but may not require the type of care provided in a nursing home.”¹ We are pleased to present the 2005 report summarizing the results of the following assisted living surveys:

- 1) *Resident Profile Survey (RPS)*, which consists of the following sections:
 - a) Facility profile (Figure 1A) – This form requests basic facility information (e.g. name, address, and phone number).
 - b) In-House Resident Profile (Figure 1B) – The purpose of this form is to collect “snapshot” data for residents in-house on December 31, 2005. Facilities are asked to provide information for each resident pertaining to demographics, source of admission, and resident needs. In the interest of brevity, this set of residents will sometimes be referred to as “current residents.”
 - c) Discharged Resident Profile (Figure 1C) - This form provides information for residents discharged during 2005. The items requested are admission date, source of admission, discharge date, discharge disposition, and reason for discharge. Once again, in order to be concise, the term “discharged residents” will be used at times.
- 2) *Assisted Living/Comprehensive Personal Care Home Occupancy Report*, in which facilities report total resident days by month (Figure 2).
- 3) *Licensing Survey (On-site Data Collection Survey* beginning in 2006), which is completed at the facility at the time of survey (Figure 3).

Each of these surveys presents a synopsis of selected characteristics of assisted living facilities and residents in New Jersey. The response rate for 2005 was:

- | | |
|----------------------------|------------------------------|
| 1) Resident Profile Survey | 100% (196 of 196 facilities) |
| 2) Occupancy Survey | 97% (190 of 196 facilities) |
| 3) Licensing Survey | 93% (181 of 196 facilities) |

¹ State of New Jersey, Department of Health and Senior Services, Assisted Living in New Jersey, What is AL, <http://www.state.nj.us/health/ltc/alinnj/index.shtml#what>

The figure of 196 represents all facilities in operation as of December 31, 2005, except for eight facilities for whom the survey was not deemed appropriate (e.g. hospice, newly licensed). The analysis of 2005 survey data in this report is divided into three sections:

- 1) Statewide data
- 2) A three-year trend analysis
- 3) A comparison of data for three counties, each located in a different part of the state. The county-specific data is compared with statewide data. In addition, a table of selected indicators is included for all counties in New Jersey.

Methodology

Staff in the Department of Health and Senior Services developed the Resident Profile Survey along with the Licensing Survey, with input from representatives of the assisted living industry. It was agreed that the Resident Profile Survey would be submitted by the facilities on an annual basis, whereas the data in the Licensing Survey would be collected at the facility during the site visit. Both surveys have been revised several times since their inception in 2001. The Occupancy Survey was developed earlier in accordance with N.J.A.C. 8:36-4.3 (b) of the assisted living regulations. The following changes were made to these surveys for 2005 data collection:

- a) The format of the Facility Profile was changed to facilitate transfer of data.
- b) A new item was added to the Facility Profile for facilities to indicate the format that they prefer to receive the survey in the future (e.g. electronic, hard copy).
- c) Columns to indicate admission from and discharge to sub-acute care facilities were added.

The RPS and Occupancy surveys were emailed to the majority of facilities; in addition, it was mailed to all facilities except those that indicated that an electronic copy was sufficient. The Resident Profile Survey was due on February 15, 2006; approximately 65% of the facilities met this deadline; all data was collected by the end of May. The Occupancy Survey was due on April 15, 2006; approximately 40% of facilities met this deadline.

The source of survey data referenced in this report is the 2005 Resident Profile Survey unless noted otherwise.

Purpose

The purposes of the three surveys are:

To identify characteristics of assisted living residents, facilities, and staff. These include:

- 1) Administrator Credentials
- 2) Email Status
- 3) Age and Gender
- 4) Length of Stay (LOS)
- 5) Medicaid Status
 - a) On December 31 (RPS)
 - b) Date of Survey (Licensing Survey)
- 6) Moving In and Moving Out
 - a) Current Residents
 - b) Discharged Residents
- 7) Need for assistance with Activities of Daily Living (ADLs)
- 8) Other needs
 - a) Medication Administration
 - b) Cognitive Tasks
- 9) Average Census per Facility

In previous years, the Department has computed and reported occupancy in the analysis of the Resident Profile Survey. In light of concerns as to the appropriate definition of occupancy, we are substituting average resident census as a measure for this year. The Department will re-evaluate which of these indicators to use prior to analyzing the 2006 assisted living survey data. Census data was compiled from each of the three surveys as follows:

- a) On December 31 (RPS)
- b) On the date that each survey was conducted (Licensing Survey)
- c) Monthly and Annual Average (Occupancy Survey)

10) Special Services

- a) Alzheimer's
- b) Hospice
- c) Respite

11) Resident Contractual Information (Licensing Survey)

- a) Health Service Plans
- b) Managed Risk Agreements

12) Staffing (Licensing Survey)

- a) General
- b) Certified Medication Aides (CMAs)

These indicators can be used to determine whether assisted living is meeting its goal of promoting "aging in place." The information derived from these three surveys will be useful to the Department in continuing to gain an understanding of the state of the industry. Administrators can compare their facility to the statewide average for the above indicators.

Data Analysis

Part I – 2005 Statewide

1. Administrator Credentials

More than half (60%) of the administrators reported their credential as CALA, one-third (33%) were LNHAs, and 7% held both credentials. Among ALR administrators, 67% had CALAs, 26% LNHAs, and 7% held both credentials. For CPCH administrators the mix of credentials was quite different, 26% CALA, 68% LNHA, and 6% both. The reason for this is that a larger percentage of CPCHs are associated with nursing homes, and in most cases the same person is the administrator of both facilities (Figure 4).

2. Email addresses and Preferred Format for Transmission of Surveys

In many instances, email is a time saving means of communication. The Department is making an effort through the Resident Profile Survey, as well as through other data collection tools (e.g. Emergency Notification) to develop a complete and accurate list of facility email addresses. Most of the facilities (85%) listed an email address, which identified the facility. Of the remaining facilities, 10% gave a personal email address, while 5% did not report any email address.

In addition, facilities were asked to specify the format in which they wish to receive surveys in the future. Nearly three-quarters, 72%, said that they would prefer electronic format. Hard copies were requested by 13% of facilities, and the remainder asked for both electronic and hard copy, or did not specify.

3. Resident Age and Gender

Resident ages were categorized as follows:

- a) younger than 70
- b) 5 year intervals from 70-95 (e.g. the 70-75 group includes residents aged 70 or older, but who have not reached their 75th birthday)
- c) 95 and older

The largest share of the 12,653 residents in the 196 facilities as of December 31, 2005, 30%, were aged 85-90, followed by the age range 80-85, with 23%. The smallest groups were “younger than 70”, with 5%, and “70-75”, comprising 4%. The remainder were in the “90-95” group, with 20%,

“75-80”, 10%, and “95 or older”, 8%. The mean age for the 12,653 residents was 85.4 (Figure 5A).

Slightly over three-quarters (77 %) were female. A total of 121 residents, 1%, were in the facility solely to care for a healthy spouse (Figure 5B).

4. Resident Length of Stay (LOS)

Residents were classified as follows:

- a) Less than one month
- b) Six month intervals from 1-24 (e.g. the 1-7 group includes residents that stayed one month or longer, but shorter than 7 months)
- c) 24 months or greater

Two measures of length of stay were computed:

- 1) The amount of time that residents in-house on December 31, 2005 had been in the facility (Figure 6A).
- 2) The length of time that residents discharged during 2005 spent in the facility (Figure 6B).

The mean LOS for current residents (24.5 months) is significantly higher than for discharged residents (20.9 months). This is not surprising, because in many cases the resident is discharged quickly; 11% of residents discharged during 2005 had been in the facility for less than a month. By contrast, only 4% of residents in-house on December 31, 2005, had been in the facility for less than a month. A substantially larger share (39%) of current residents than discharged residents (33%) had stayed 24 months or longer.

5. Medicaid Status

- a) On December 31 (RPS)

Medicaid covered 2,341 (18%) of the 12,653 residents in the 196 facilities as of December 31, 2005 (Figure 7).

- b) On date of survey (Licensing Survey)

Medicaid covered 2,264 (18%) of residents in the 181 facilities surveyed during 2005. This figure is close to the 2,341 (19%) reported on the Resident Profile Survey. The Licensing Survey number, however, is an average of survey data collected over the entire year. In addition, it encompasses 15 fewer facilities than the RPS.

As of August 3, 2006, the allocation of slots under the Medicaid waiver was 3,200; the distribution of active cases according to the Unisys system was as follows:

The survey data obtained from the Division of Aging and Community Services (DACS) as described in footnote 2 above is probably different from the figures on the RPS and the Licensing Survey because the DACS data covers a different time period from the other two surveys.

6. Moving In and Moving Out

The distribution of admission sources was similar for the 12,653 residents in-house on December 31, 2005, and for the 5,147 residents discharged during 2005. A larger percentage of current residents (65%) than discharged residents (61%) were admitted from home. The reverse was true for admissions from nursing homes and acute care hospitals, indicating that as a group, the discharged residents had greater needs than the current residents. (Figures 8A and 8B).

Nearly one-third (31%) of residents were discharged to nursing homes. Slightly under one-quarter (24%) died, while 14% each were discharged to home and to acute care hospitals (Figure 8C).

A reason for discharge was given for 4,141 (80%) of the 5,147 residents discharged during 2005. The three most common reasons for discharge were in the following order:

- a) greater resident needs
- b) death
- c) other

7. ADL Needs

The number of ADLs with which residents need assistance is shown in Figure 9A. Nearly one-third of residents do not require help with any ADLs, however the second largest share of residents, 28%, need at least some assistance with four or more ADLs (Figure 9A).

As expected, the two ADLs with which the 12,653 residents required the greatest assistance were bathing and dressing. By contrast, more than four out of five residents did not require any assistance with eating and bed mobility. Nearly one-third (30%) of residents did not require assistance with any ADLs. The average resident required assistance with 2.4 ADLs. Further details (e.g. degree of assistance) are shown in Figures 9B-9D.

² State of New Jersey, Department of Health and Senior Services, Division of Aging and Community Services, Programs Operations Unit, August, 2006

8. Other Needs

The percentage of residents requiring assistance with medication administration is much larger than for any of the seven ADLs. Three-quarters of residents required some assistance in taking their medications (Figure 10A).

Slightly over half (51%) of the 12,653 residents required at least some assistance with cognitive tasks, but only 19% required full assistance. Although overall resident needs in this area were considerably smaller than for medication administration, they were higher than for all ADLs except bathing (Figure 10B).

9. Average Resident Census per Facility

Data from the Resident Profile Survey show an average daily census of 64.6 residents on December 31, 2005. The average from the Occupancy Survey was slightly lower, 63.8 residents. Data from the Occupancy Survey are broken down by month. The month with the greatest utilization was December (65.6) and the lowest was March (62.3). An average of 67.3 residents was computed from the Licensing Survey data; this amount is 4.2% higher than the RPS average census (Figure 11).

10. Special Services (Licensing Survey)

A total of 137 facilities (75.7%) reported that they provide Alzheimer's services. Of these, 89 have separate units, 41 are integrated, in five cases the entire facility is dedicated to Alzheimer's, and two facilities did not specify the type of Alzheimer's unit. Hospice services are provided by 136 (75.1%) and respite services by 143 (79.0%) of facilities (Figures 12 and 13).

11. Resident Contractual Information (Licensing Survey)

Of the 12,319 residents, 2,017 (16.4%) had Health Service Agreements. The number of Managed Risk Agreements was much smaller, 239 (1.9%).

12. Staffing (Licensing Survey)

The total number of FTEs was 7,207, or an average of 40 per facility.

Part 2 - Three Year Trend Analysis

The number of licensed CPCHs and ALRs grew by 9% over the three-year period January 1, 2003 through December 31, 2005. The rate of growth was considerably slower than the 16% for the period January 1, 2002 through December 31, 2004. During the years 2003-2005, ALRs grew at a rate of 13% while the number of CPCHs actually declined by 5% during this time period. The largest rate of growth during the three-year period took place in 2005, both for ALRs (4%) and for ALRs and CPCHs combined (5%).³

1) Resident Profile Survey

For the most part, the indicators measured in the Resident Profile Survey were rather stable during this period. The exceptions were as follows:

a) ADL needs

- (1) The percentage of residents requiring no ADL assistance decreased by 7%.
- (2) The average number of ADLs with which residents required assistance rose by 6%; most of the increase was from 2004 to 2005 (Figure 22).

b) Length of Stay

- (1) The average length of stay for current residents increased by 12%; most of this change occurred from 2003 to 2004 (Figure 19A).
- (2) For discharged residents, length of stay continued to increase steadily. The total change from 2003 to 2005 was 23.5% (Figure 19B).

c) Resident Census

The average resident census per facility increased by 11.2% (Figure 16).

d) Medicaid

The share of residents covered by Medicaid increased by 15% during the three-year period, reflecting the increase in the number of available slots. This figure stood at 3,200 on August 3, 2006 (Figure 20).

³ ASPEN Central Office (ACO)/AST Version 8.6 (PR2), Alpine Technology Group contractor for the Center for Medicare and Medicaid Services, March 2006

2) Occupancy and Licensing Surveys

The resident census was more stable according to the Occupancy Survey data than the RPS, showing an increase of only 2.4%. The number of facilities reporting data on the Licensing Survey was not sufficiently consistent to provide a meaningful three-year comparison. For 2004, surveys were received for fewer than half the facilities.

The fact that significant increases occurred for ADL needs, length of stay, and average resident census may indicate that assisted living in New Jersey is meeting its goal of “aging in place.”

Part 3 - County Analysis

A) Table of Selected Indicators for all Counties

County	Number of Facilities	Licensed Beds	Average Age	Average Length of Stay (In house Residents)	Average Length of Stay (Discharged Residents)
ATLANTIC	8	515	87.7	22.8	24.6
BERGEN	15	1601	86.2	26.5	20.7
BURLINGTON	9	591	85.9	26.7	20.7
CAMDEN	13	1368	85.0	27.2	21.1
CAPE MAY	5	539	84.9	30.7	30.1
CUMBERLAND	8	362	82.3	25.2	16.9
ESSEX	12	957	87.0	28.4	23.1
GLOUCESTER	10	681	84.1	22.5	19.1
HUDSON	2	143	85.0	20.4	19.8
HUNTERDON	1	100	84.8	29.0	18.2
MERCER	11	859	85.4	22.1	17.1
MIDDLESEX	11	996	85.4	26.2	21.8
MONMOUTH	25	2440	85.2	24.9	25.7
MORRIS	20	1486	86.0	21.8	17.8
OCEAN	20	1676	85.0	19.3	15.6
PASSAIC	7	655	84.9	23.0	19.9
SALEM	4	214	82.1	25.0	18.7
SOMERSET	12	1101	85.5	21.6	20.5
SUSSEX	1	58	87.2	28.3	39.1
UNION	8	803	85.1	28.5	23.7
WARREN	2	64	87.9	19.5	36.5
STATEWIDE	204	17,209	85.4	24.5	20.9

B) Detailed Analysis for three counties

The counties selected are Bergen, Mercer, and Gloucester. They were chosen because each county is located in a different part of New Jersey, and because a substantial number of CPCHs and ALRs are located within each of their boundaries. A brief summary of demographic information for the three counties will be presented prior to comparing their data from the Resident Profile Survey.

Demographics

Based on data from the 2000 US Census, the only county of the three with a population density below the statewide average of 1,134/sq. mi., was Gloucester County (32% lower). Bergen County had more than three times as many persons per square mile than the state as a whole, while Mercer County was 37% more densely populated than average for New Jersey.⁴

Bergen County's share of inhabitants aged 65 or older was 15% greater than the statewide average of 13.2%. The other two counties had a smaller percentage than the statewide average. Gloucester County had 11% and Mercer County 5% fewer persons aged 65 and older than the statewide average.⁴

In 2000, Bergen County's per capita income of \$51,227 was 34% higher than the statewide average of \$38,651. Monmouth County was also wealthier than New Jersey as a whole, but only by 10%. By contrast, Mercer County was slightly wealthier (3%) than the state as a whole, while Gloucester County's per capita income was 26% lower than the statewide average.⁵

Analysis of County-specific data

Bergen County had 15 ALR and CPCH facilities, the most among the three counties. These facilities reported a total of 1,162 residents on December 31, 2005, 9% of the statewide total. Mercer County had 11 facilities* with 683 residents, and Gloucester County had 10 facilities with 521 residents (Figure 26).

* Buckingham Place is physically located in Middlesex County, but is included with the Mercer County facilities because it has a Princeton mailing address.

⁴ Census 2000 Summary File One Population and Housing Characteristics Thirteen Profiles, http://www.wnjin.net/OneStopCareerCenter/LaborMarketInformation/lmi25/sf1/prof_ndx.htm#Burlington, All data is from the 2000 US Census, unless otherwise specified.

⁵ New Jersey Income and Poverty Data, <http://www.wnjin.net/OneStopCareerCenter/LaborMarketInformation/lmi10/index.html>, All data is from the 2000 US Census, unless otherwise specified.

Figures 23 through 25 are maps of each of the three counties with the location of each CPCH and ALR facility.

The mean resident age for all three counties was within 2% of the statewide average of 85.4 years. Residents in facilities in Bergen County were slightly older, while in Gloucester County they were somewhat younger than for New Jersey as a whole. Mercer County was at the statewide average of 85.4 (Figure 27).

In Bergen County current residents stayed significantly longer (8.2%) than the statewide average; length of stay for discharged residents was very close to statewide (1.0% shorter). Both current and discharged residents in Gloucester County stayed between eight and nine percent shorter than statewide. Mercer County had the shortest length of stay of the three counties, most notably for discharged residents, whose stays, were, on average, 18.2% shorter (Figures 28A and 28B).

The following Medicaid information is shown in Figures 29A and 29B:

- 1) The percentage of facilities in each county and statewide, that participate in the Medicaid waiver program
- 2) The percentage of residents in each county and statewide that are covered by Medicaid.

The mean number of ADLs for which residents require assistance is shown in Figure 30. Residents in facilities in Gloucester County and Mercer County were 13% more dependent than the average resident in New Jersey, while residents in Bergen County facilities required 8% less assistance than statewide.

Not surprisingly, both the percentage of facilities with a Medicaid waiver and the share of Medicaid residents is highest in Gloucester County, the least affluent of the three counties, and lowest in Bergen County, the wealthiest. In Bergen County, the percentage of facilities with a Medicaid waiver is 43% lower, in Mercer County it is 22% lower, while Gloucester County's rate is 9% lower.⁶ Medicaid covered 30% of residents in Gloucester County facilities, 58% higher than the statewide average of 19%. The percentage for Mercer County is 58% lower, while the share for Bergen County is **more than three times lower** than for the state at large.⁷

Of the twelve facilities in Bergen County that completed the 2005 Licensing Survey, nine reported having Alzheimer's units. In both Gloucester County and Mercer County, ten facilities submitted the Licensing Survey. All except one facility in Mercer County had an Alzheimer's unit, of these nine, seven had separate units. Gloucester County facilities reported four each with integrated and separate units.

⁶ ACO

⁷ IBID

Limitations

Although every effort was made to verify data, this was not always possible, given the large volume of data and limited staff resources. Some of the data problems that occurred in previous years continued to appear, but such instances were less frequent. A number of facilities had new administrators who were not familiar with the surveys. The most prevalent data problems were as follows:

- 1) Facilities submitted surveys with missing information, the most prevalent being resident birth dates and admission dates. In some instances, the entire survey was not submitted at the same time; this made the process of compiling the data more difficult.
- 2) Residents were listed in Item 3 (Discharged Resident Profile) who were not discharged during 2005.
- 3) Facilities reported non-assisted living residents (e.g. boarding home).
- 4) Some facilities reported that some data elements were very difficult to obtain, due to changes in ownership and/or administrator.

The Department will take these problems into account in determining whether further design changes are needed for the three surveys. The Department hopes that in the event of ownership/administrator changes, the outgoing officers will be cooperative in providing data and in making their replacements aware of these surveys.

Conclusions

The process of collecting and analyzing assisted living data for 2005 is part of the Department's ongoing effort to provide a profile for selected characteristics of assisted living residents in New Jersey. Analysis of this information will be useful to facilities, industry representatives, researchers, and policymakers. The Department hopes to provide a comparison for a different set of counties each year. We are pleased that, for the third consecutive year, 100% of facilities submitted the Resident Profile Survey, and that data for the occupancy and licensing surveys was nearly complete.

Once again, we would like to thank those facilities that were cooperative in submitting the data and in helping the Department to revise and correct it, when necessary. In conclusion, the Department believes that the data collected in the three assisted living surveys covered in this report is a valuable resource for providers, planners, and the general public. Thank you.

Figure 1A

New Jersey Department of Health and Senior Services							
Division of Health Facilities Evaluation and Licensing							
ASSISTED LIVING RESIDENCE AND COMPREHENSIVE PERSONAL CARE HOME							
2005 RESIDENT PROFILE SURVEY							
REVIEW DEFINITIONS AND INSTRUCTIONS BEFORE COMPLETING FORM							
ITEM 1 FACILITY PROFILE							
(1) * License Number:	(2) * Facility Name:	(3) * Facility Address:	(4) * City:	(5) * Zip Code:	(6) County:		
(7) Telephone:	(8) FAX:	(9) Email Address:	(10) Administrator Name:	(11) Type of Credential Held by Administrator:		(12) Preferred format for future receipt of survey forms:	
				LNHA:	_____	Electronic:	_____
				CALA:	_____	Hard:	_____

[illegible][illegible]

Figure 1C

[illegible]

Figure 2

**NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF HEALTH FACILITIES EVALUATION AND LICENSING
CERTIFICATE OF NEED AND HEALTHCARE FACILITY LICENSING PROGRAM**

**Assisted Living Residence/Comprehensive Personal Care Home
Occupancy Report - 2005**

Facility name: _____

Facility address: _____

Calendar year: _____

Number of Resident Days

Example: Census Jan. 1 – Jan. 10 = 20, Jan. 11 – Jan. 20 = 25,

Jan. 21 – Jan. 31 = 30

Total Resident Days for January = (20 x 10) + (25 X 10) + (30 X 11)

= 200 + 250 + 330 = 780

Month	Total Days		Month	Total Days
January			July	
February			August	
March			September	
April			October	
May			November	
June			December	

Total resident days for calendar year 2005:

FAX Number (for returning completed form): (609) 292-3780

Please include days for assisted living residents only.

Figure 3

**New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing**

ASSISTED LIVING FACILITIES

ON-SITE DATA COLLECTION SURVEY

Please supply data as of the date of survey

1 FACILITY IDENTIFICATION

- A. License Number: _____
B. Facility Name: _____
C. Address: _____
D. City: _____
E. Zip Code: _____

2 SURVEY INFORMATION

- A/B. Surveyor Name: _____
Last First
C. Date of Survey: _____

3 LICENSURE INFORMATION

- A. Licensed beds on date of survey: _____
B. Census: _____
C. License Expiration Date: _____

4 SPECIAL RESIDENT SERVICES

- A. Alzheimer* ☐ * If Alzheimer's services are provided
(i) Integrated Unit: ☐ please specify whether a separate unit exists
(ii) Separate Unit: ☐ or if these services are integrated.
B. Hospice: ☐
C. Respite: ☐

5 RESIDENT CONTRACTUAL INFORMATION

- A. Please check if facility participates in Medicaid program: ☐
B. Number of Medicaid residents on day of survey: _____
C. Number of residents with Health Service Plans: _____
D. Number of residents with Managed Risk Agreements: _____

6 STAFFING

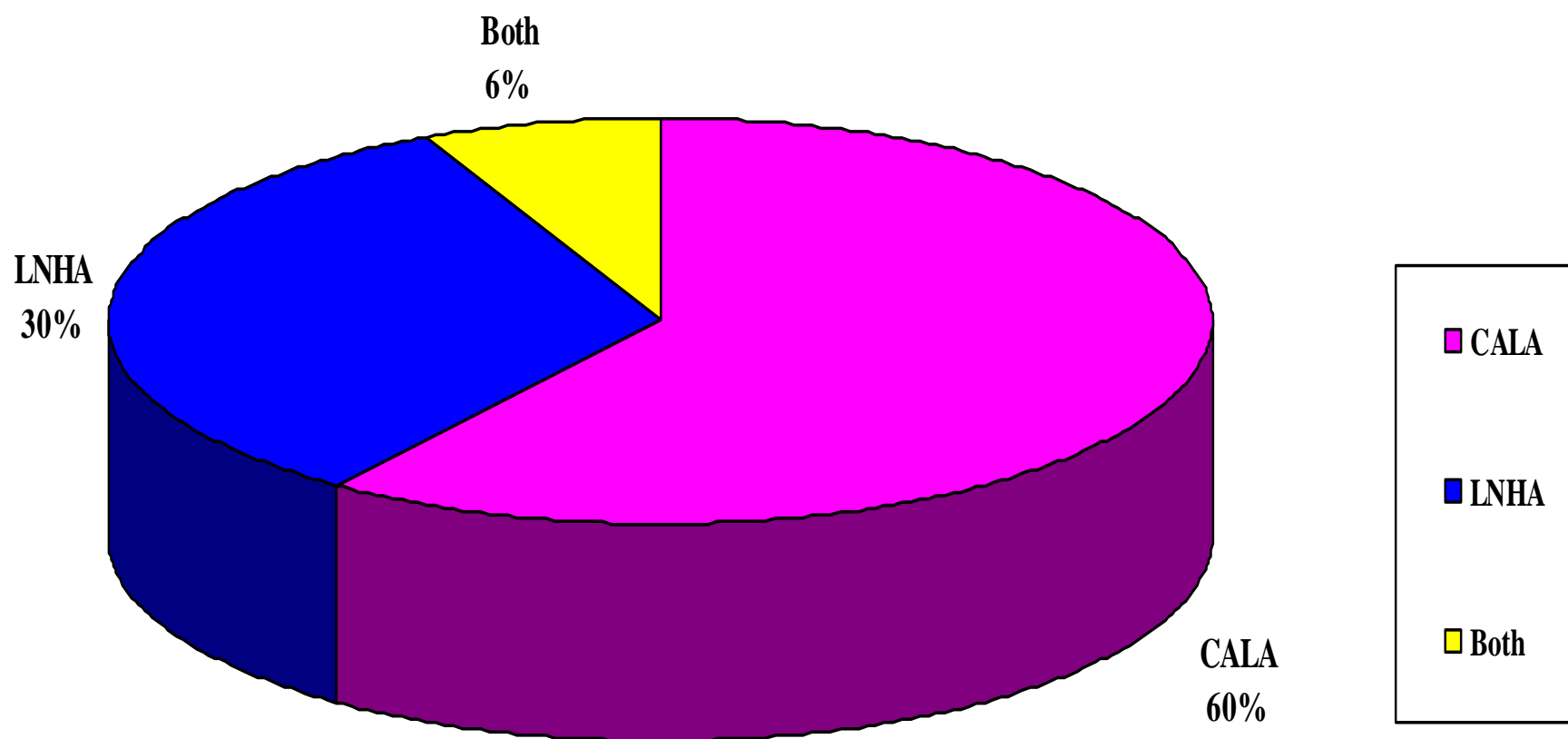
- A. **TOTAL** Number of FTEs: _____
(including Contracted Services employees)

7 CMA INFORMATION

- A. Please check if facility has a CMA program: _____
B. Please check if facility currently employs CMAs: _____
C. Please check if facility has an in-house CMA training program: _____
D. Total number of CMAs currently employed: _____

Figure 4

Distribution of Administrator Credentials by Type



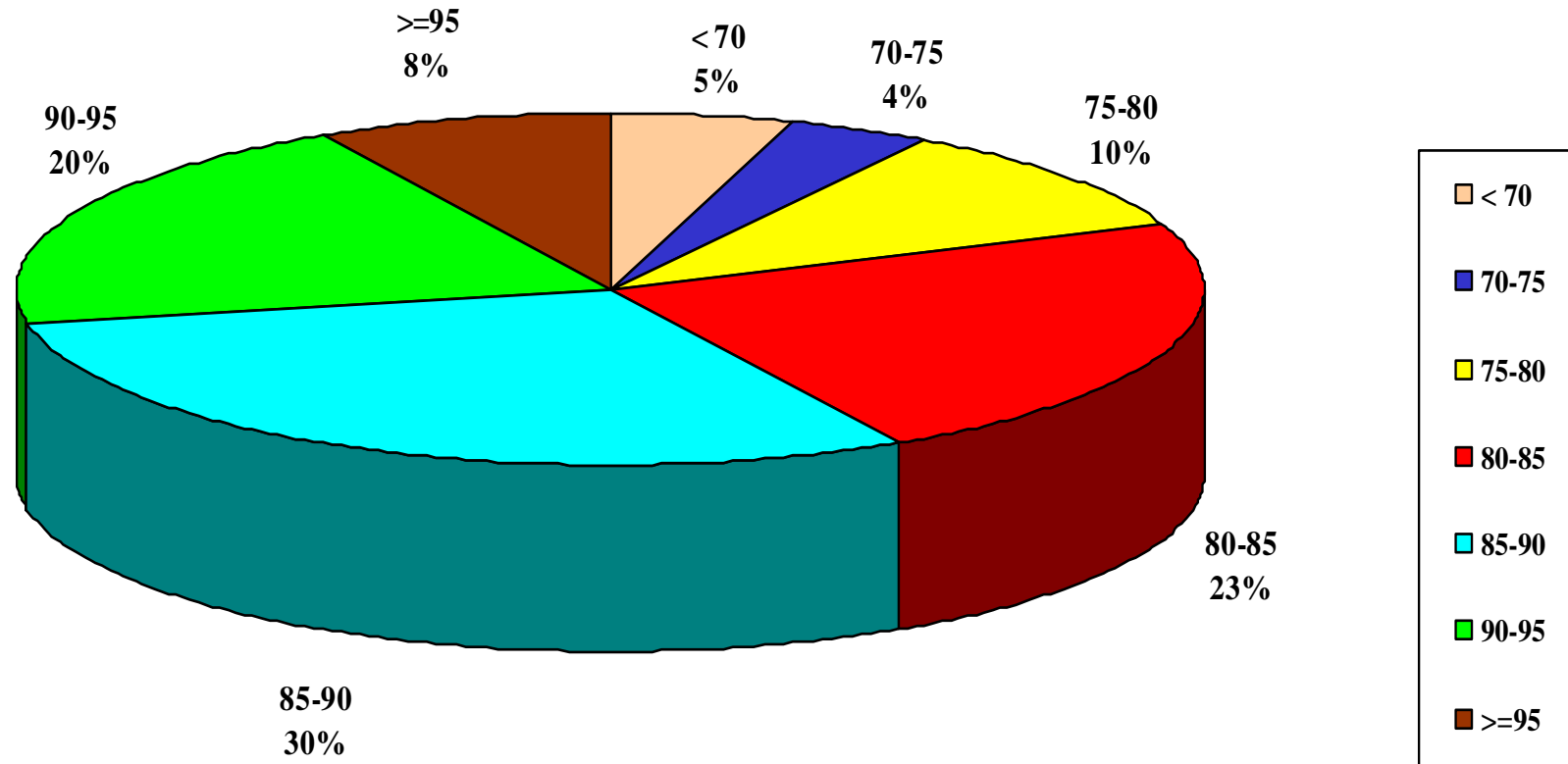
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2005

Based on 190 administrators in 196 facilities

Figure 5A

Distribution of Residents by Age Group



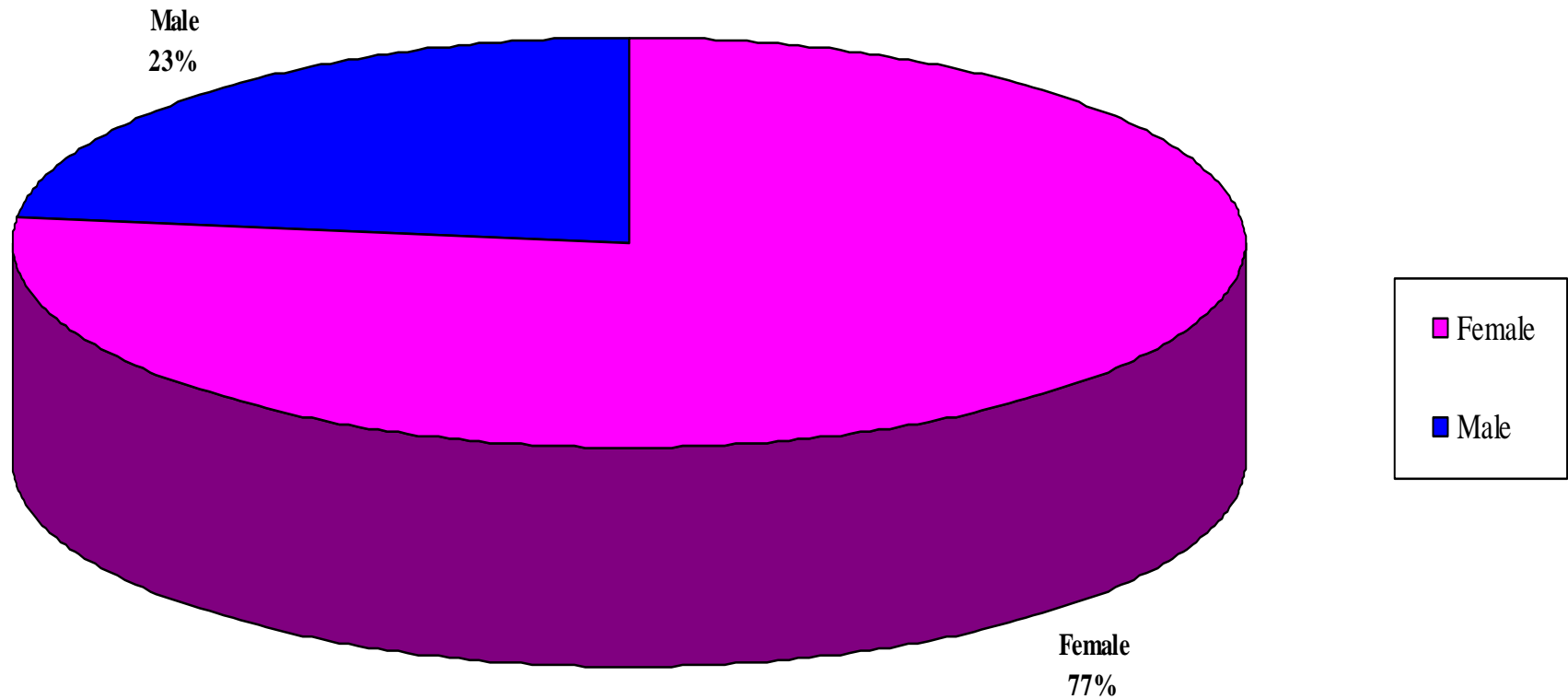
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2005

Based on 12,653 Residents in ALR/CPOCH 196 Facilities on 12/31/2005

Figure 5B

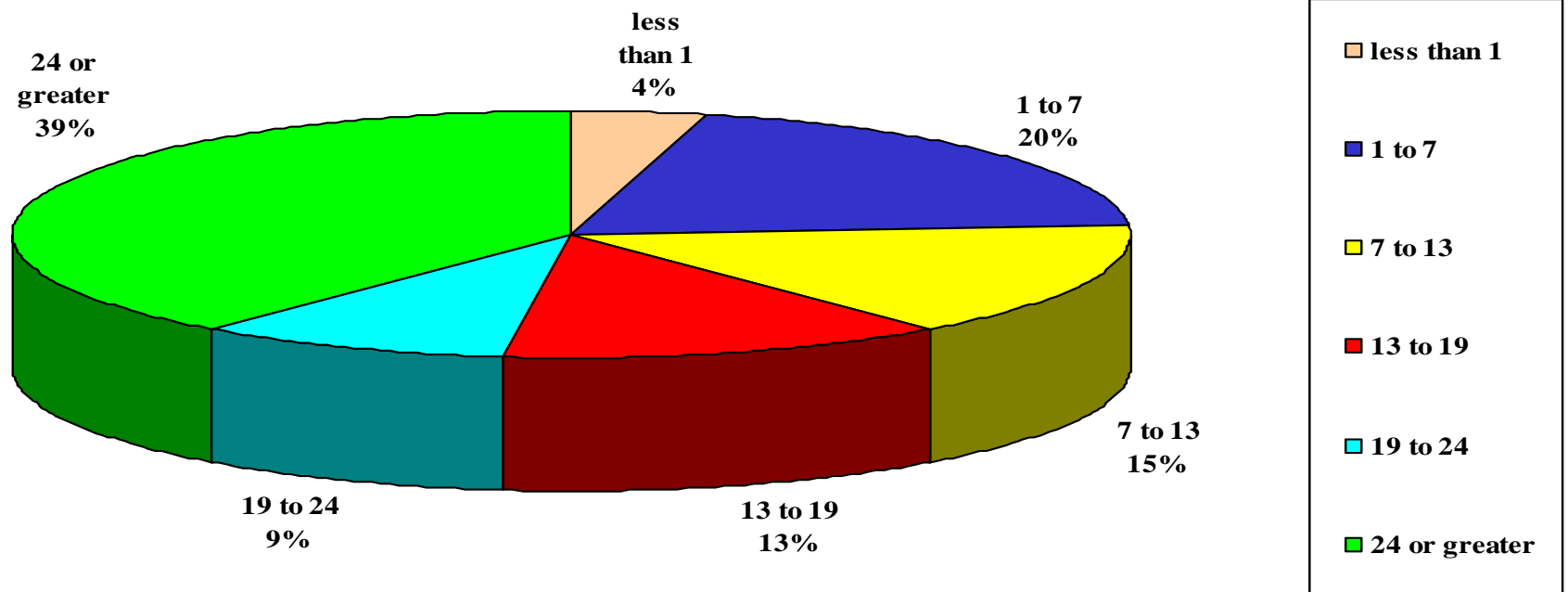
Distribution of Residents by Gender



The sum of the percentages may not equal 100, due to rounding.

Figure 6A

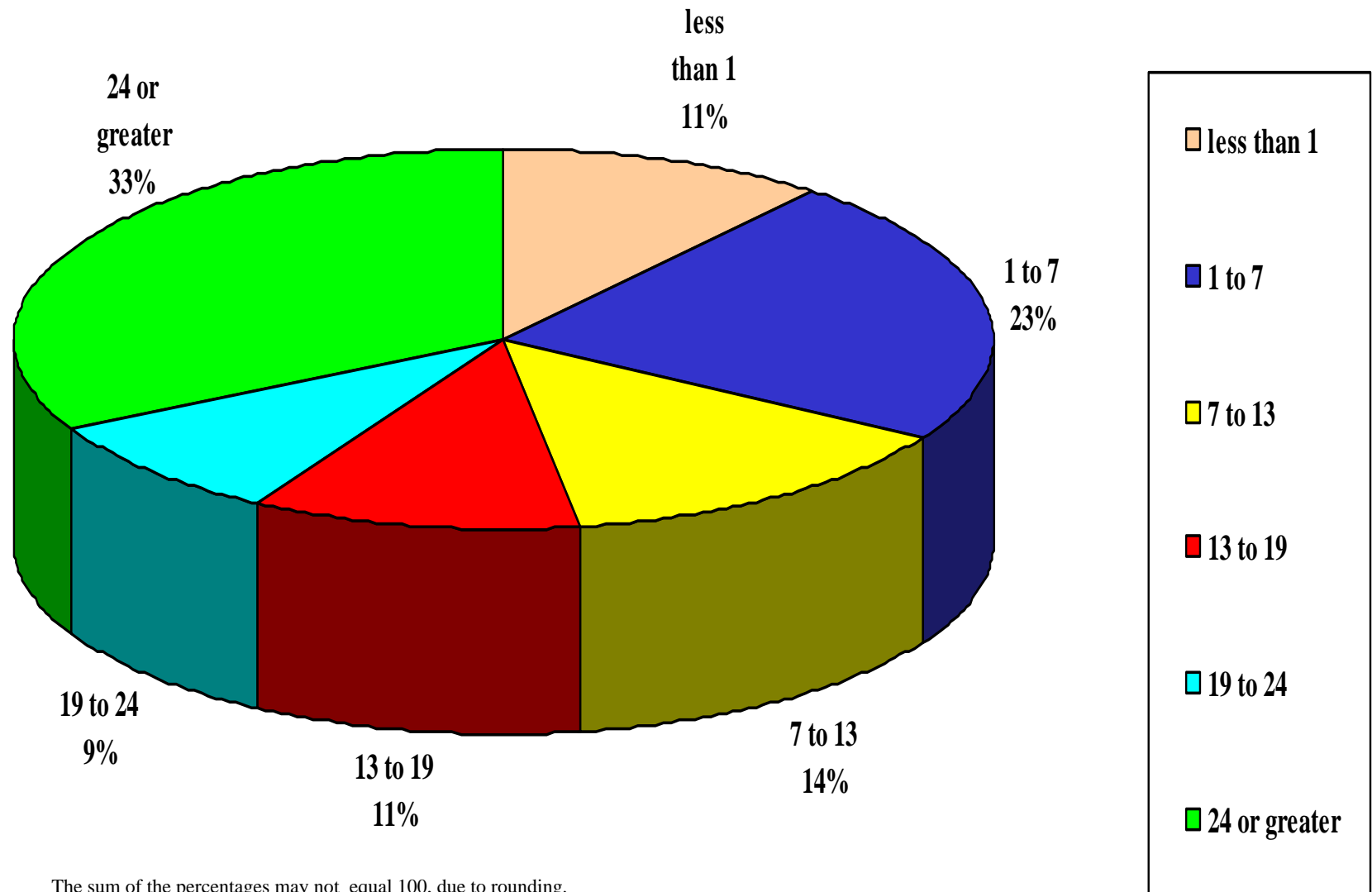
Distribution of Length of Stay for Current Residents (months)



The sum of the percentages may not equal 100, due to rounding.

Figure 6B

Distribution of Length of Stay for Discharged Residents (months)

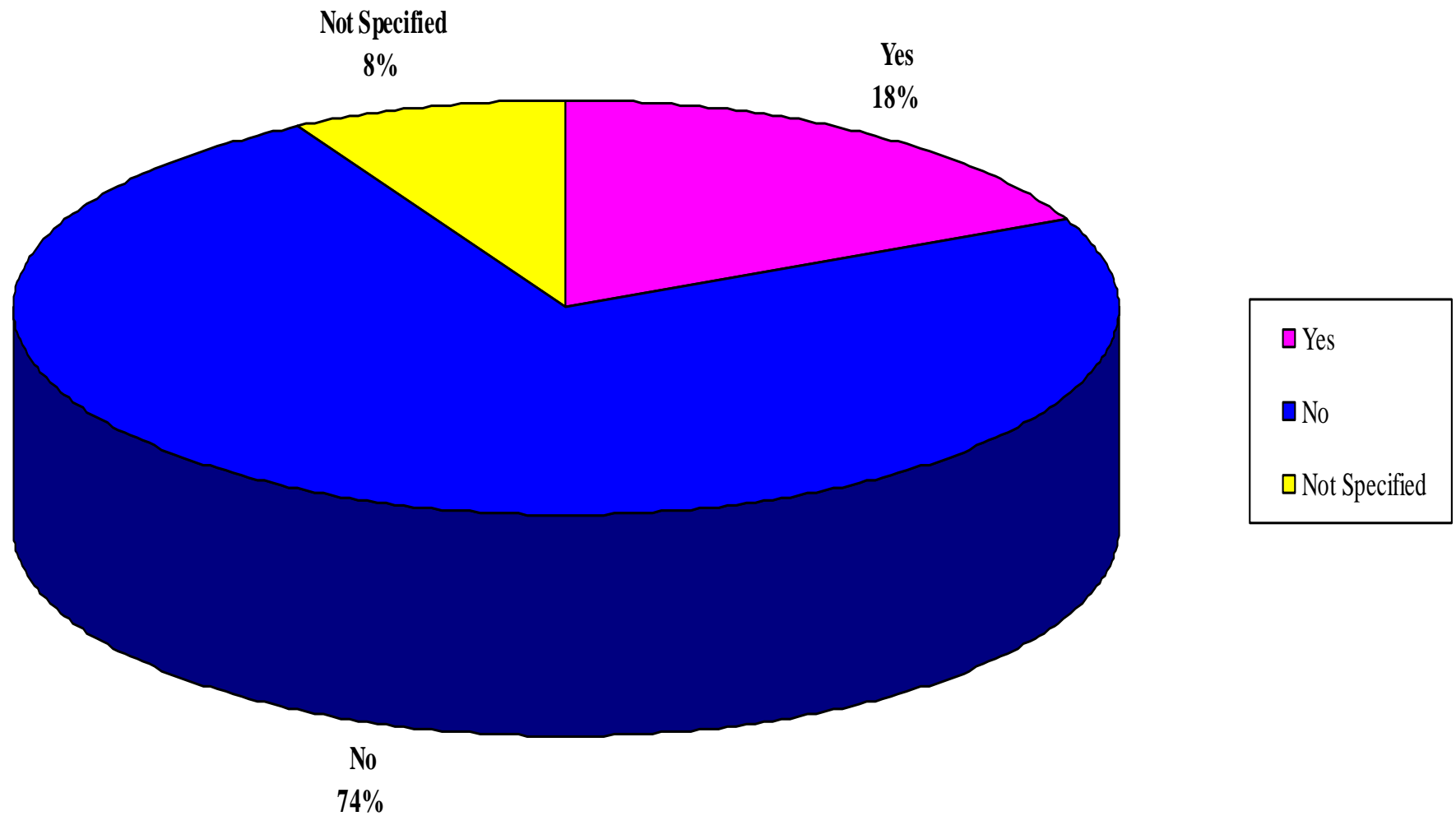


Source of Data: Resident Profile Survey - 2005

Based on 5,147 Residents Discharged from 196 ALR/CPCH Facilities in 2005

Figure 7

Residents Covered by Medicaid



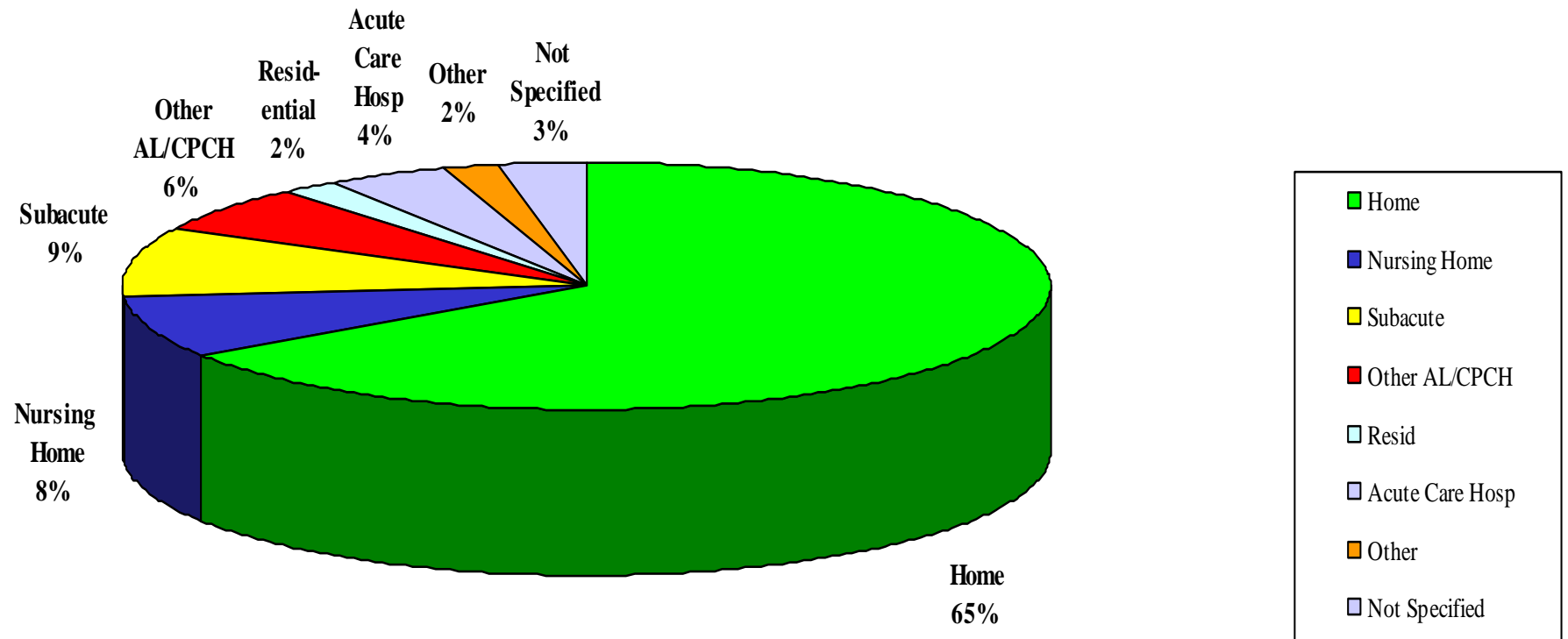
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2005

Based on 12,653 Residents in 196 ALR/CPCH Facilities on 12/31/2005

Figure 8A

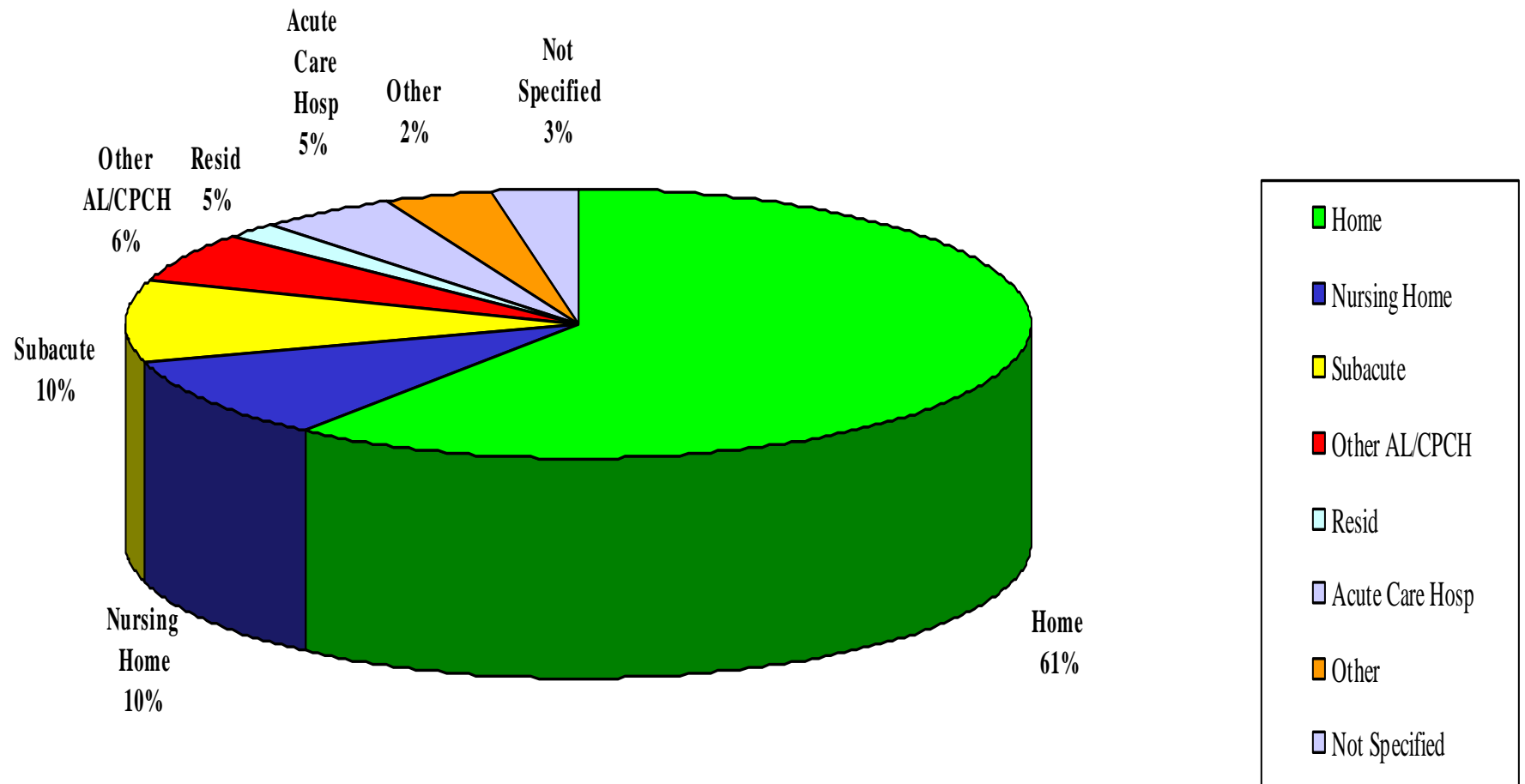
Admission Source for Current Residents



The sum of the percentages may not equal 100, due to rounding.

Figure 8B

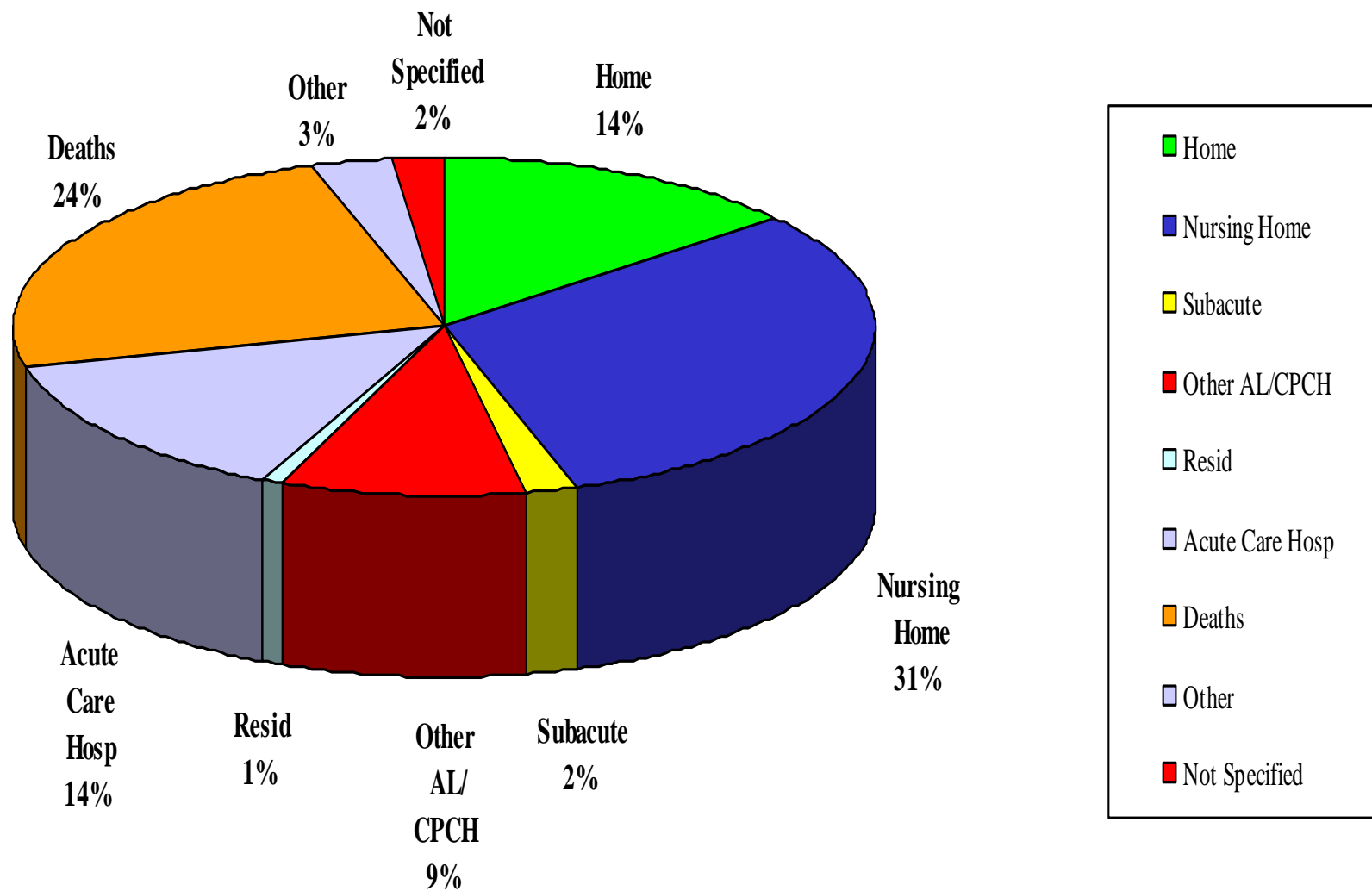
Admission Source for Discharged Residents



The sum of the percentages may not equal 100, due to rounding.

Figure 8C

Discharge Destination



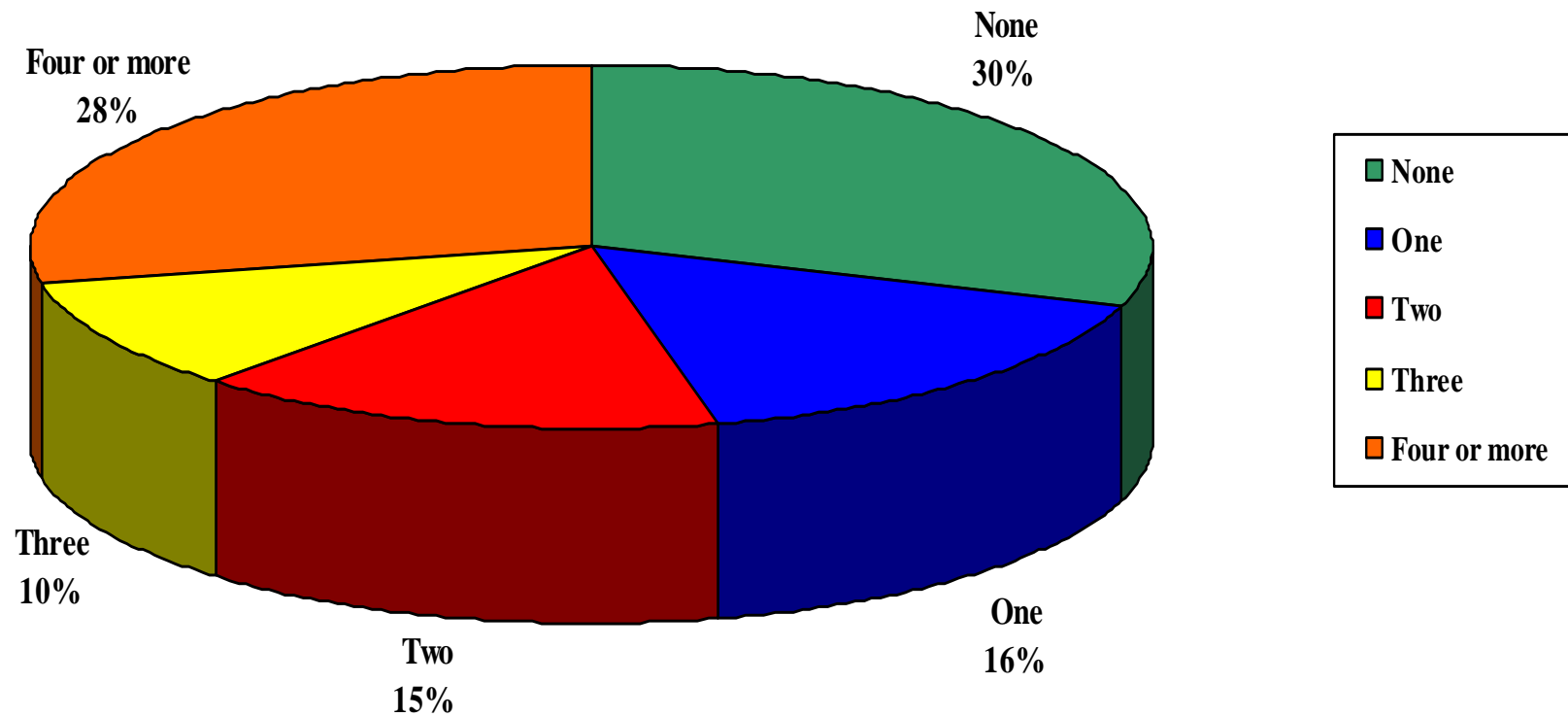
The sum of the percentages may not equal 100, due to rounding.

Source of Data - Resident Profile Survey - 2005

Based on 5,147 Residents Discharged from 196 ALR/CPCH Facilities in 2005

Figure 9A

Residents Requiring Assistance with ADLs



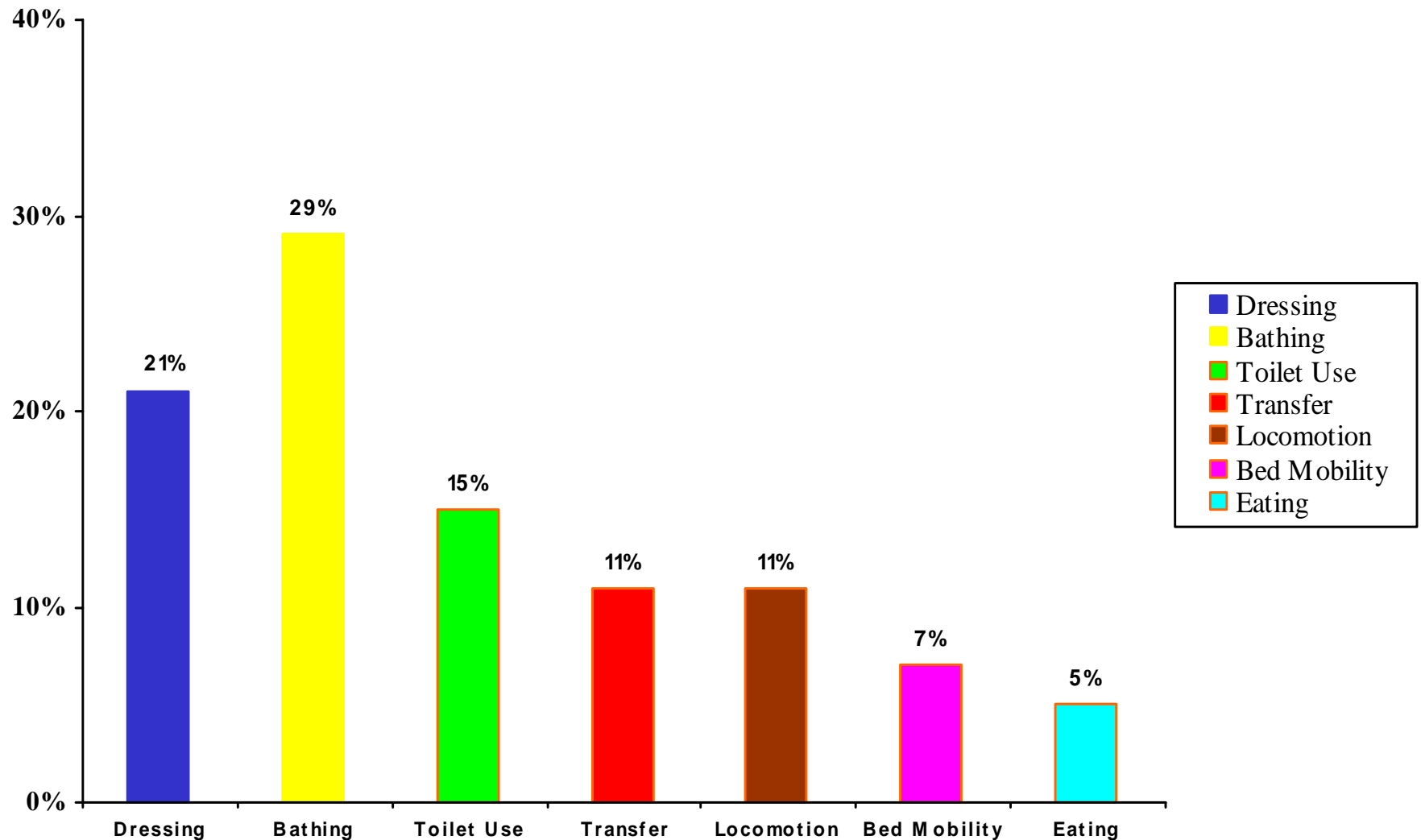
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2005

Based on 12,653 Residents in 196 ALR/CPCH Facilities on 12/31/2005

Figure 9B

Residents Requiring Total Assistance with Specific ADLs

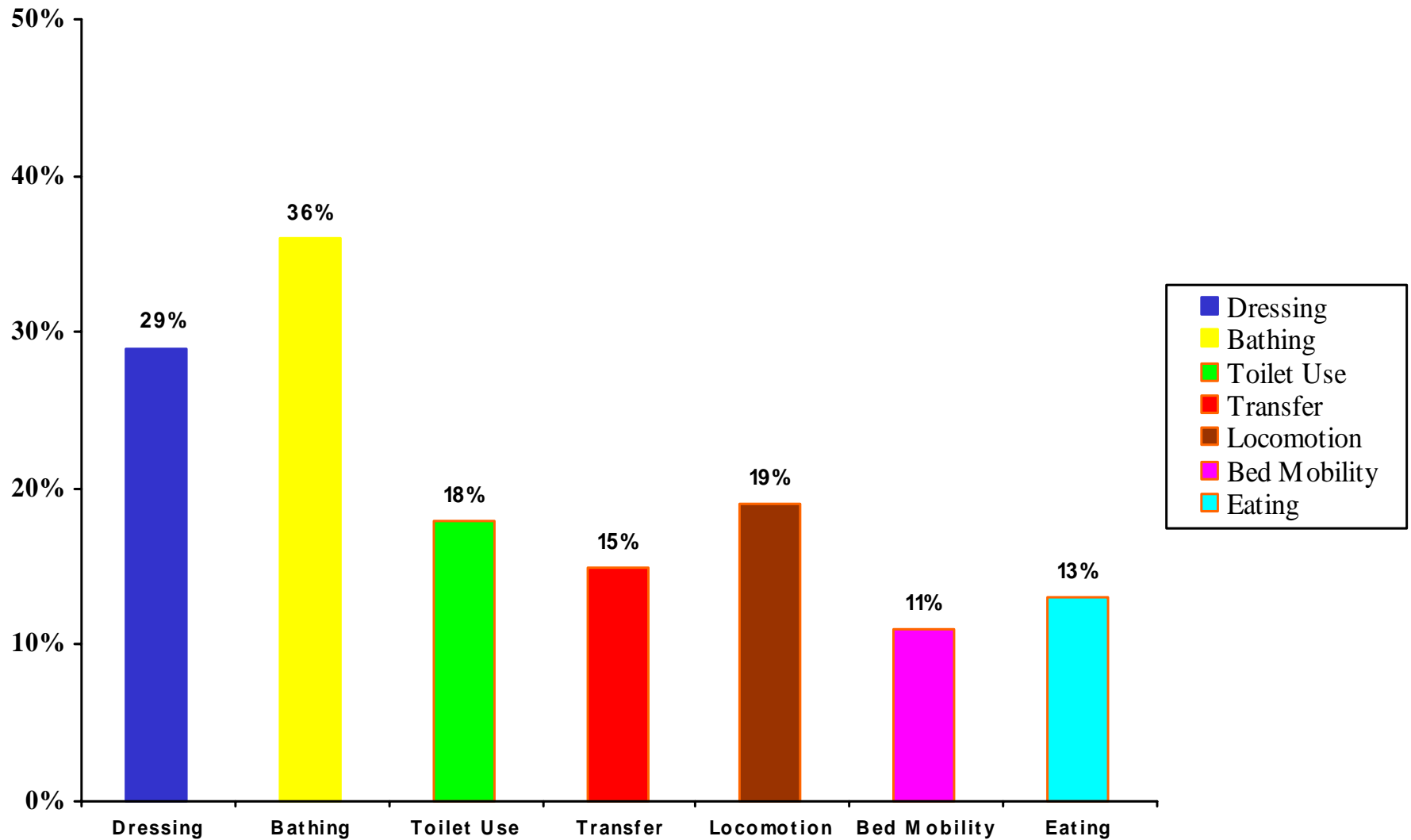


Source of Data: Resident Profile Survey - 2005

Based on 12,653 Residents in 196 ALR/CPCH Facilities on 12/31/2005

Figure 9C

Residents Requiring Limited Assistance with Specific ADLs

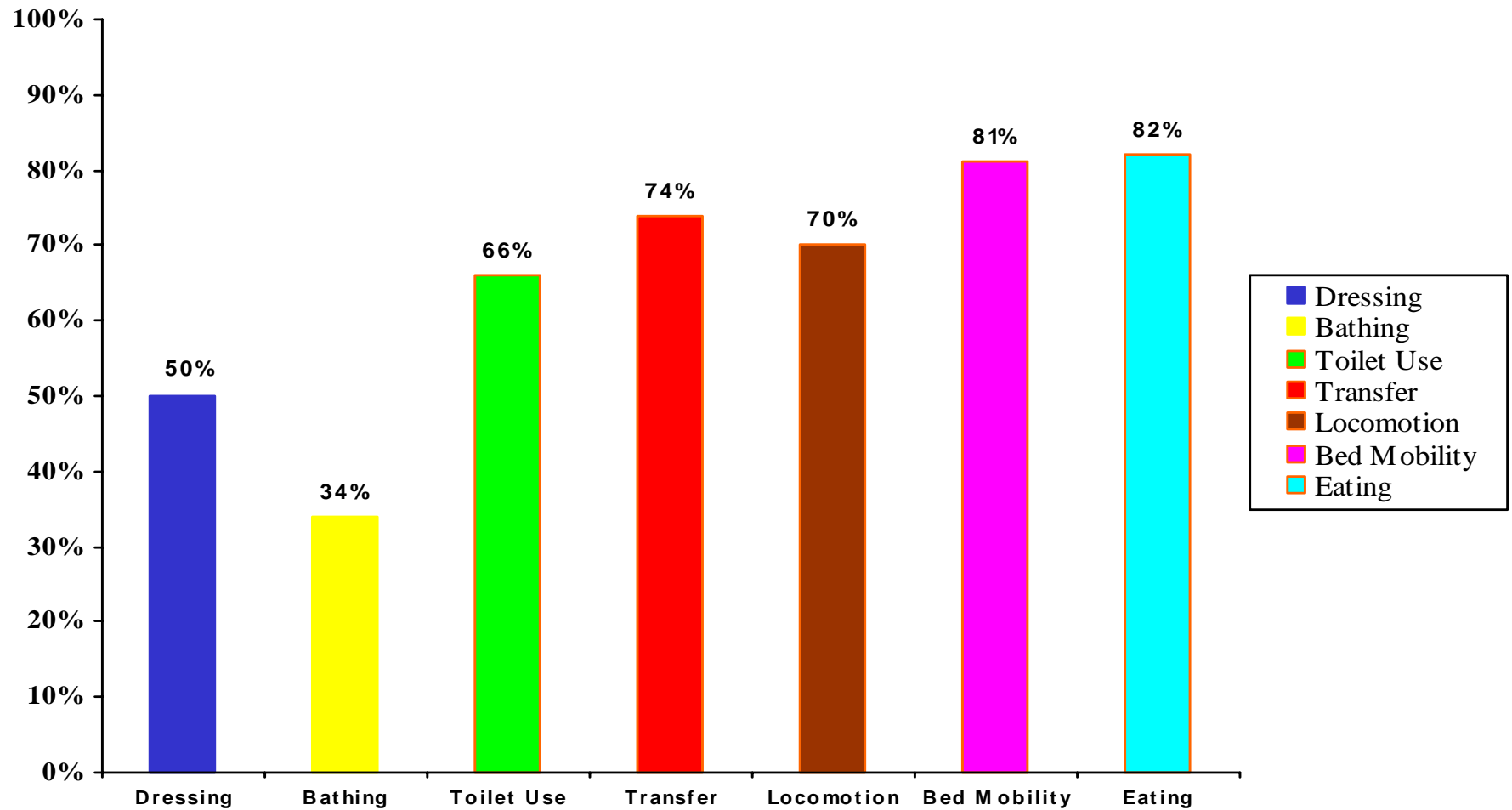


Source of Data: Resident Profile Survey - 2005

Based on 12,653 Residents in 196 CPCH/ALR Facilities on 12/31/2005

Figure 9D

Residents Independent in Performing Specific ADLs

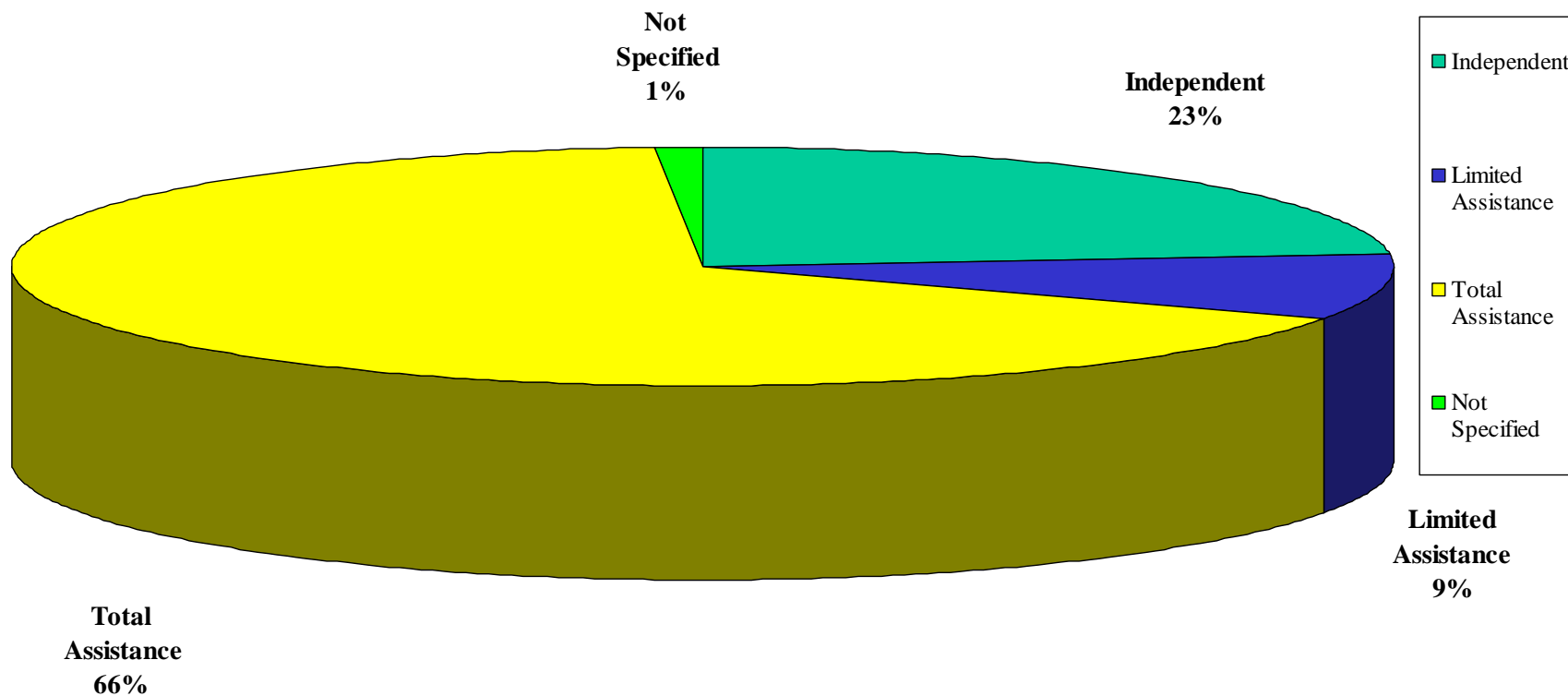


Source of Data: Resident Profile Survey - 2005

Based on 12,653 Residents in 196 ALR/CPOCH Facilities on 12/31/2005

Figure 10A

Residents Requiring Medication Assistance



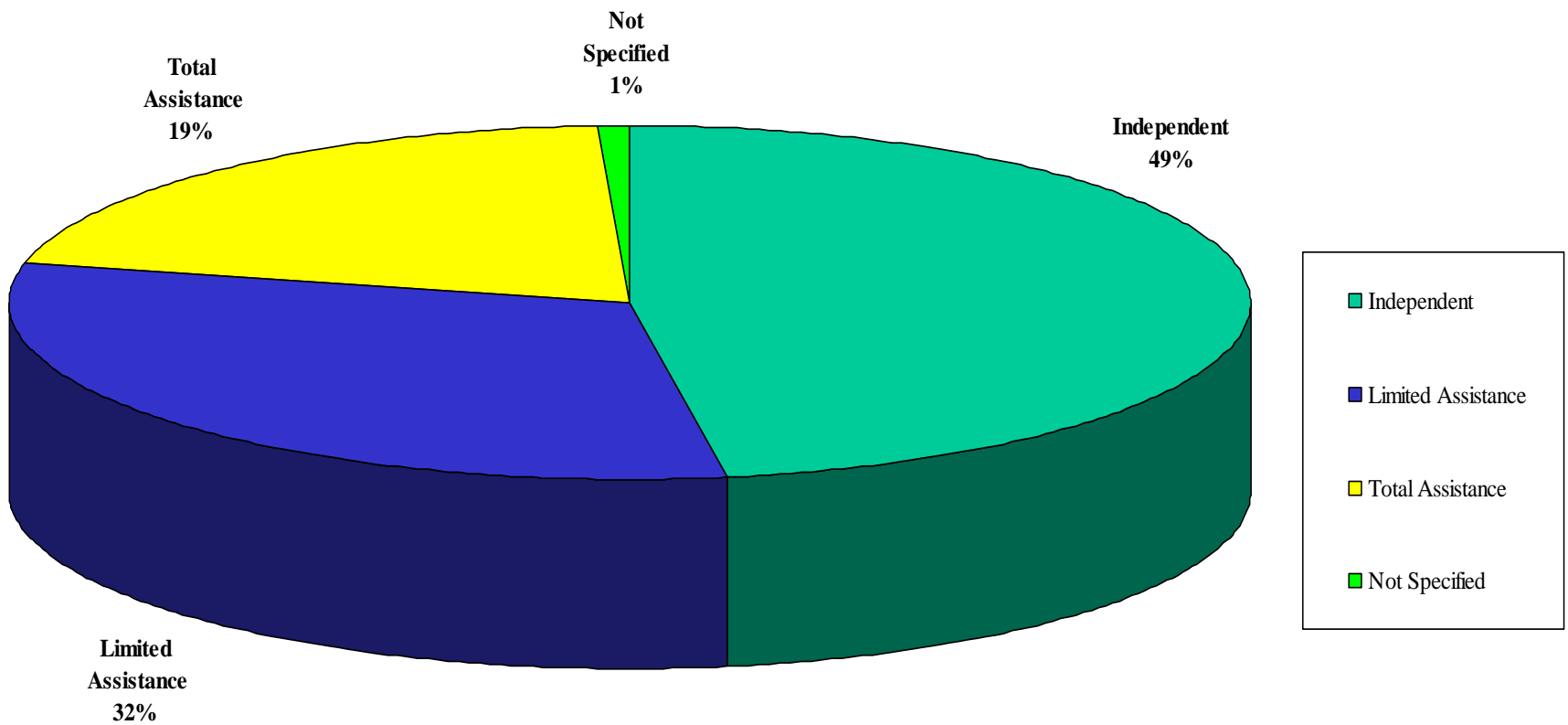
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2005

Based on 12,653 Residents in 196 ALR/CPCH Facilities on 12/31/2005

Figure 10B

Percentage of Residents Requiring Cognitive Assistance



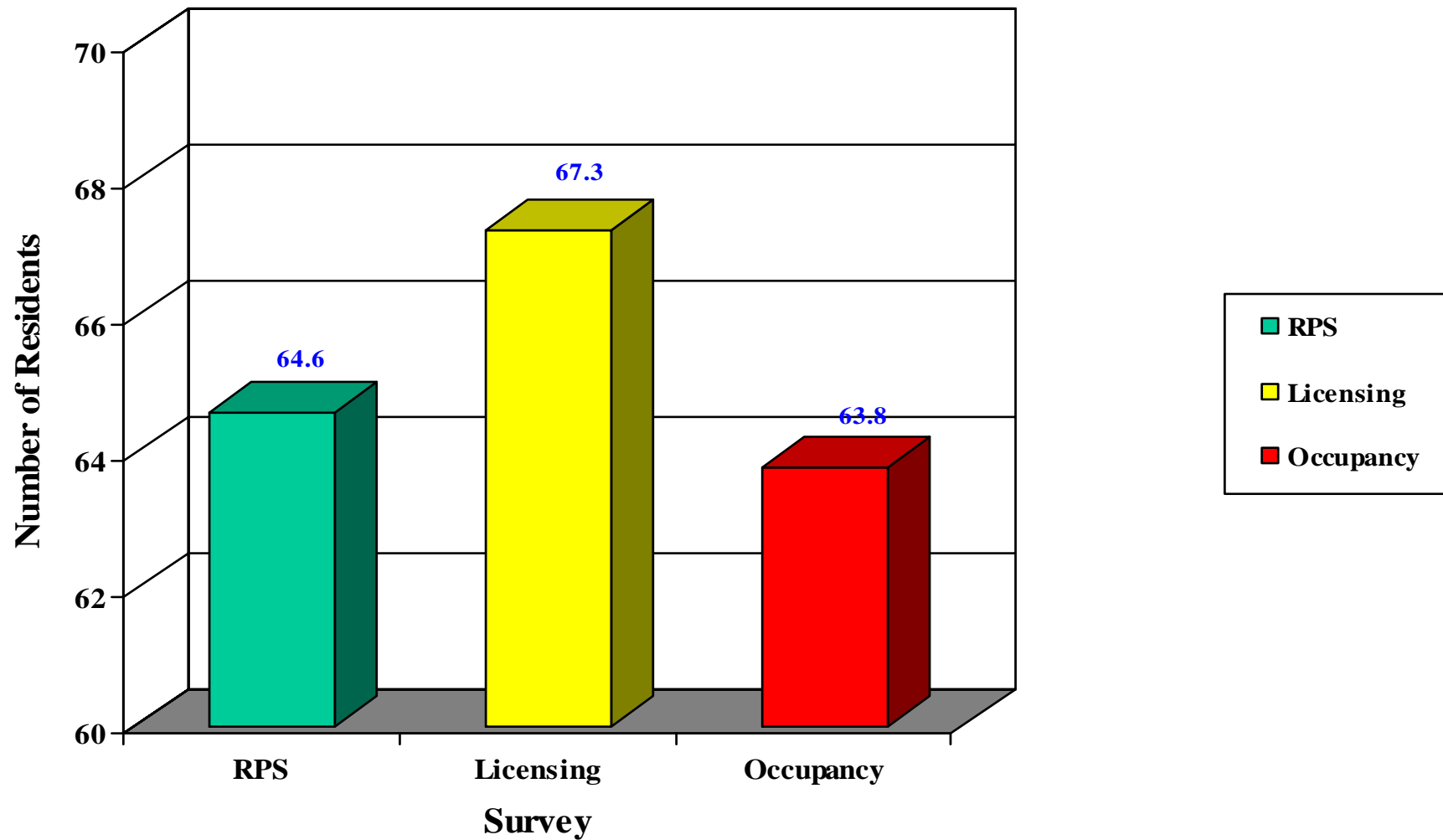
The sum of the percentages may not equal 100, due to rounding.

Source of Data: Resident Profile Survey - 2005

Based on 12,653 Residents in 196 ALR/CPCH Facilities on 12/3/2005

Figure 11

Average Resident Census per Facility

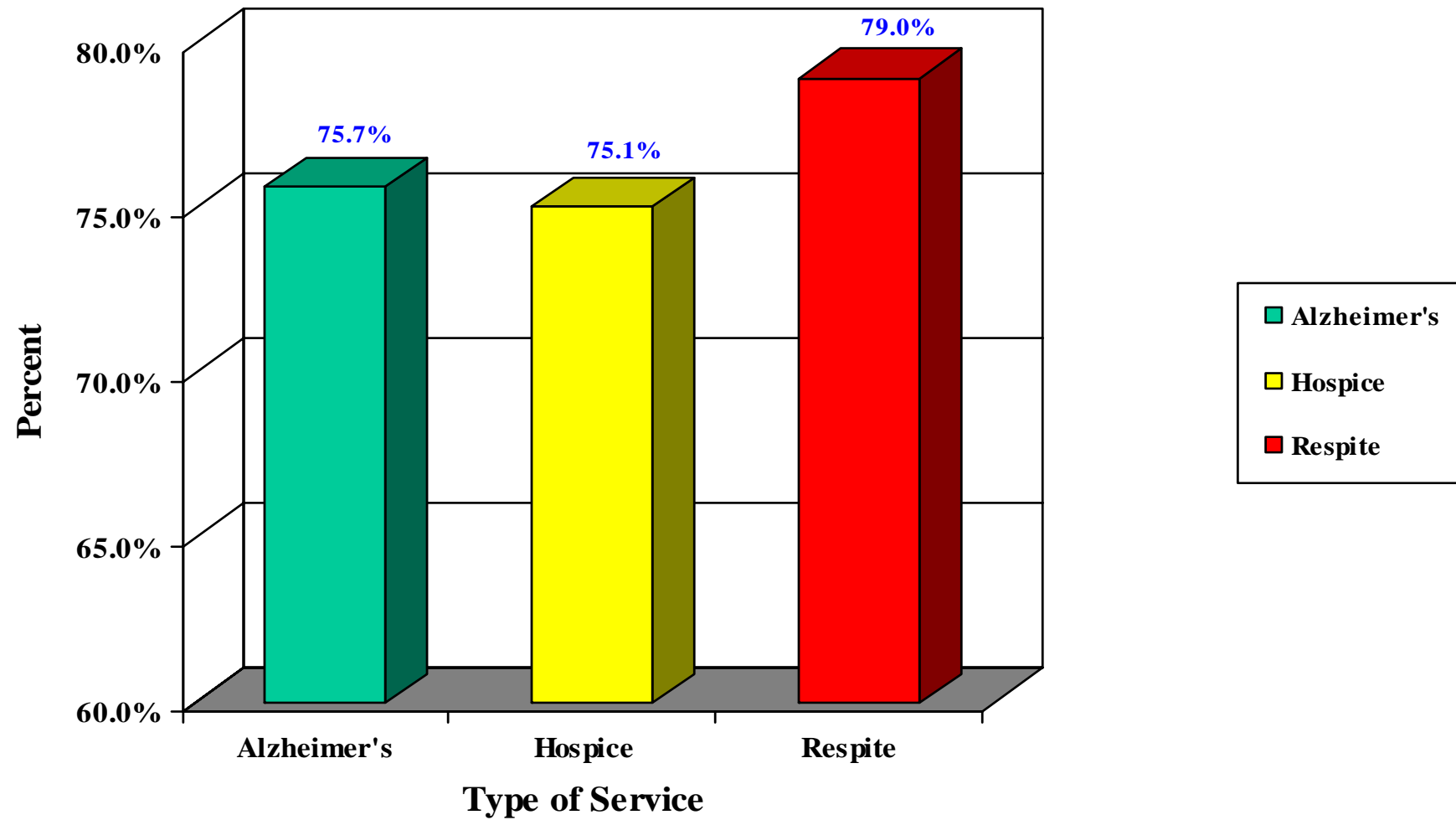


Sources of Data: Resident Profile Survey (On December 31)
Licensing Survey (On Date of Survey)
Occupancy Survey (Annual Average)

Data from all surveys is for 2005

Figure 12

Percentage of Facilities Providing Special Services

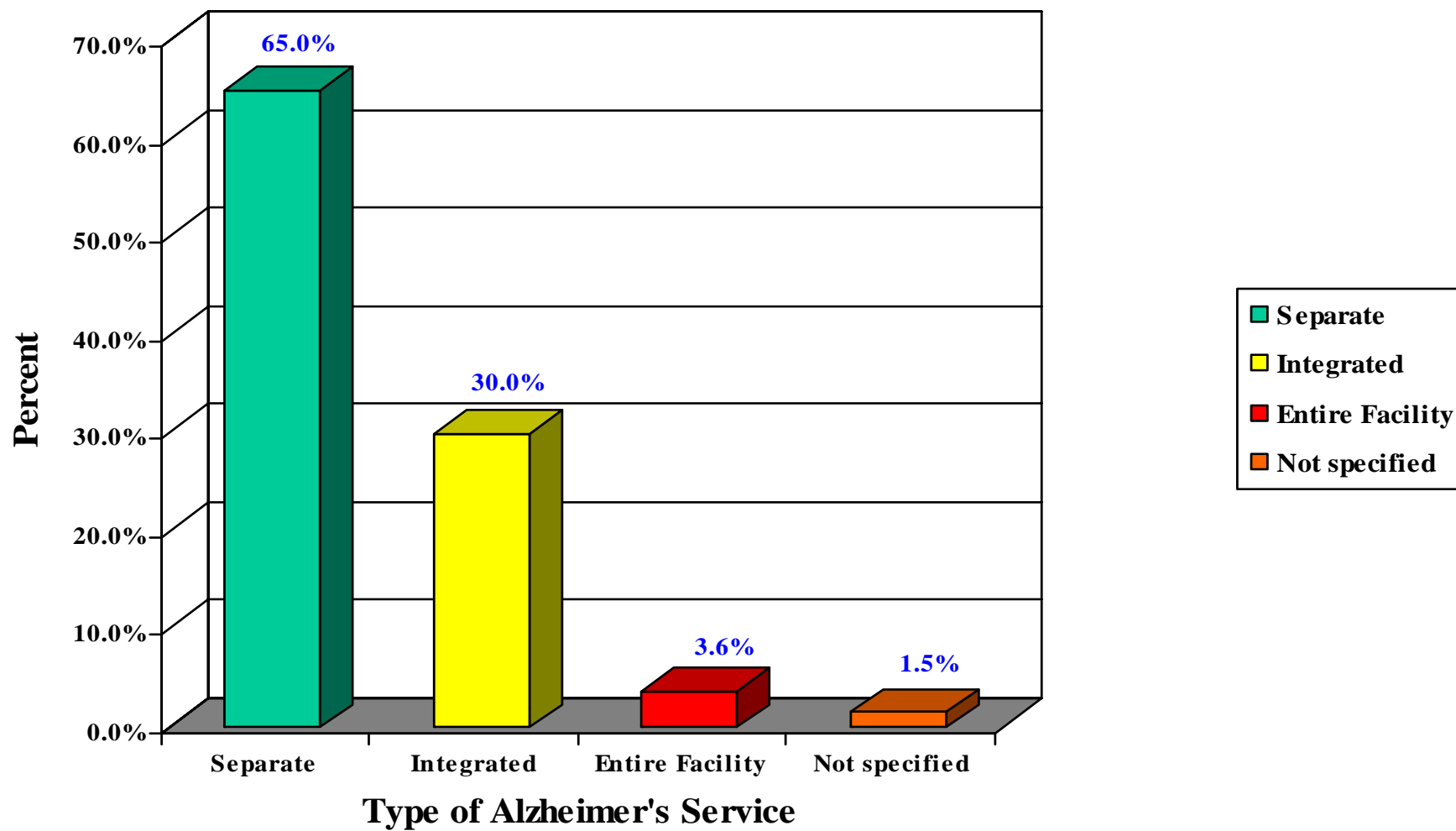


Source of Data: 2005 Licensing Survey

Based on 183 facilities

Figure 13

Percentage of Facilities by Type of Alzheimer's Unit

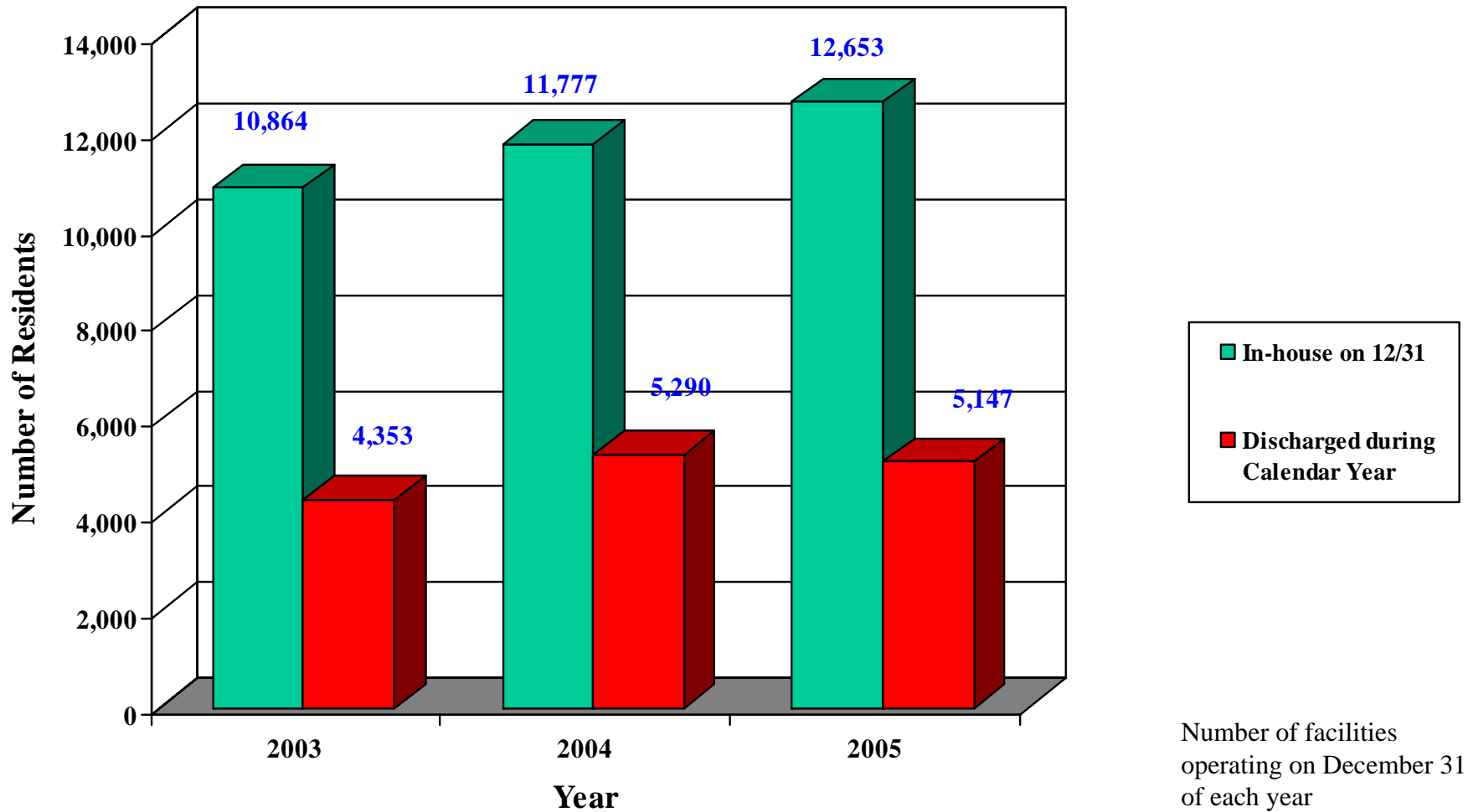


Source of Data: 2005 Licensing Survey

Based on 137 facilities reporting Alzheimer's Services

Figure 14

Number of Residents Included



Source of Data: Resident Profile Survey

Figure 15

Number of Facilities Participating in Survey

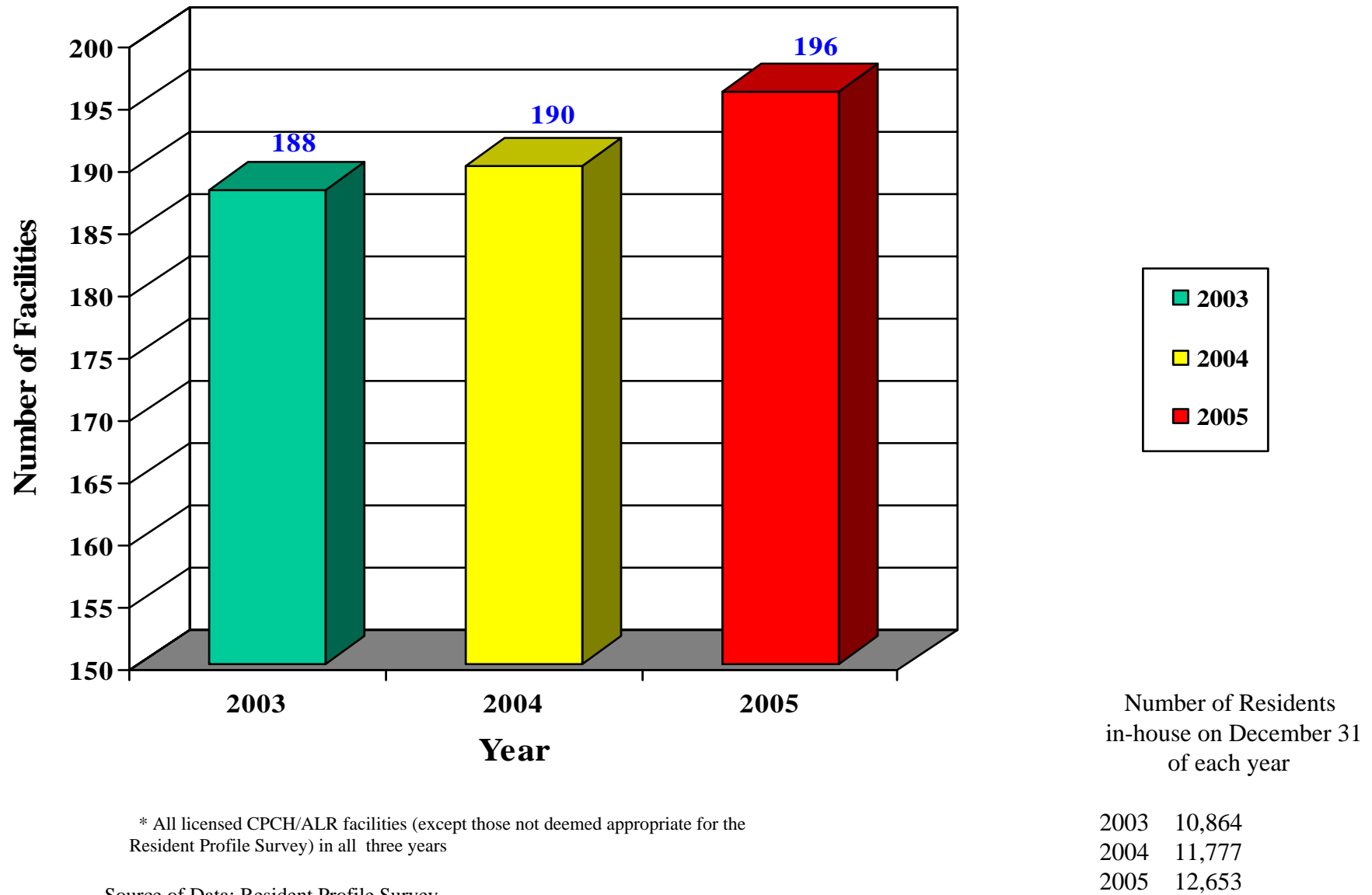
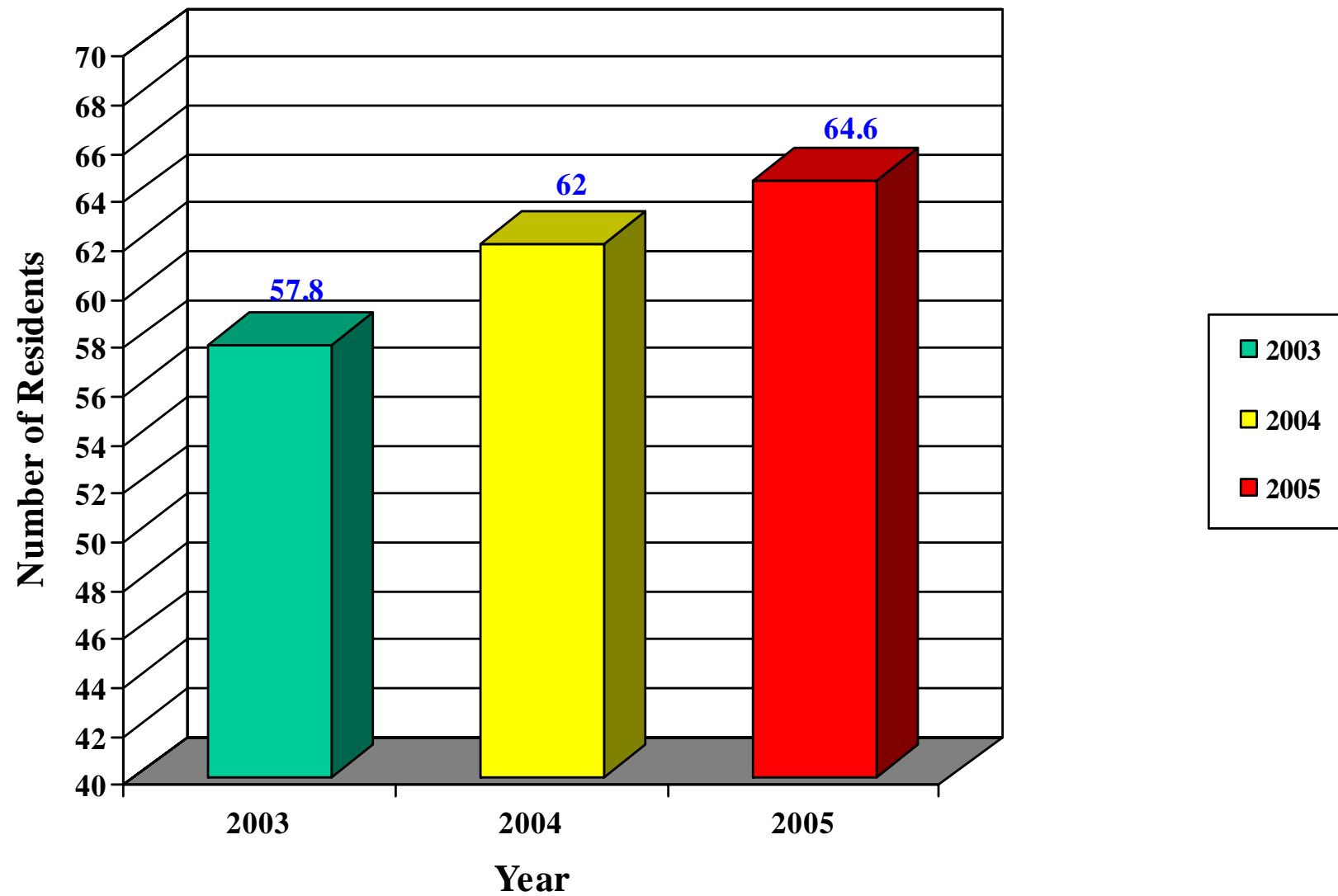


Figure 16

Average Number of Residents per Facility

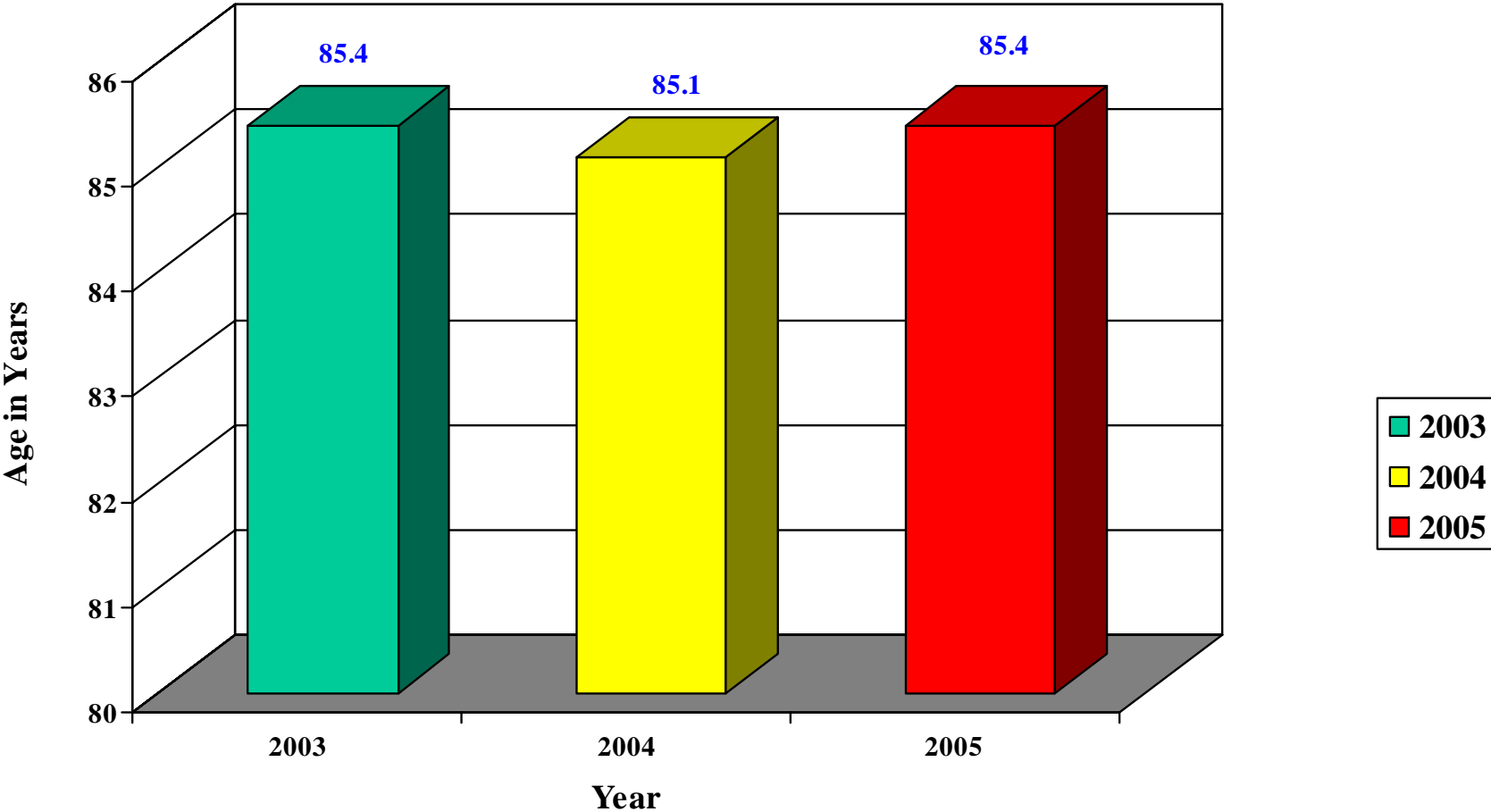


Source of Data: Resident Profile Survey

Residents In-house on December 31 of each year

Figure 17

Mean Age

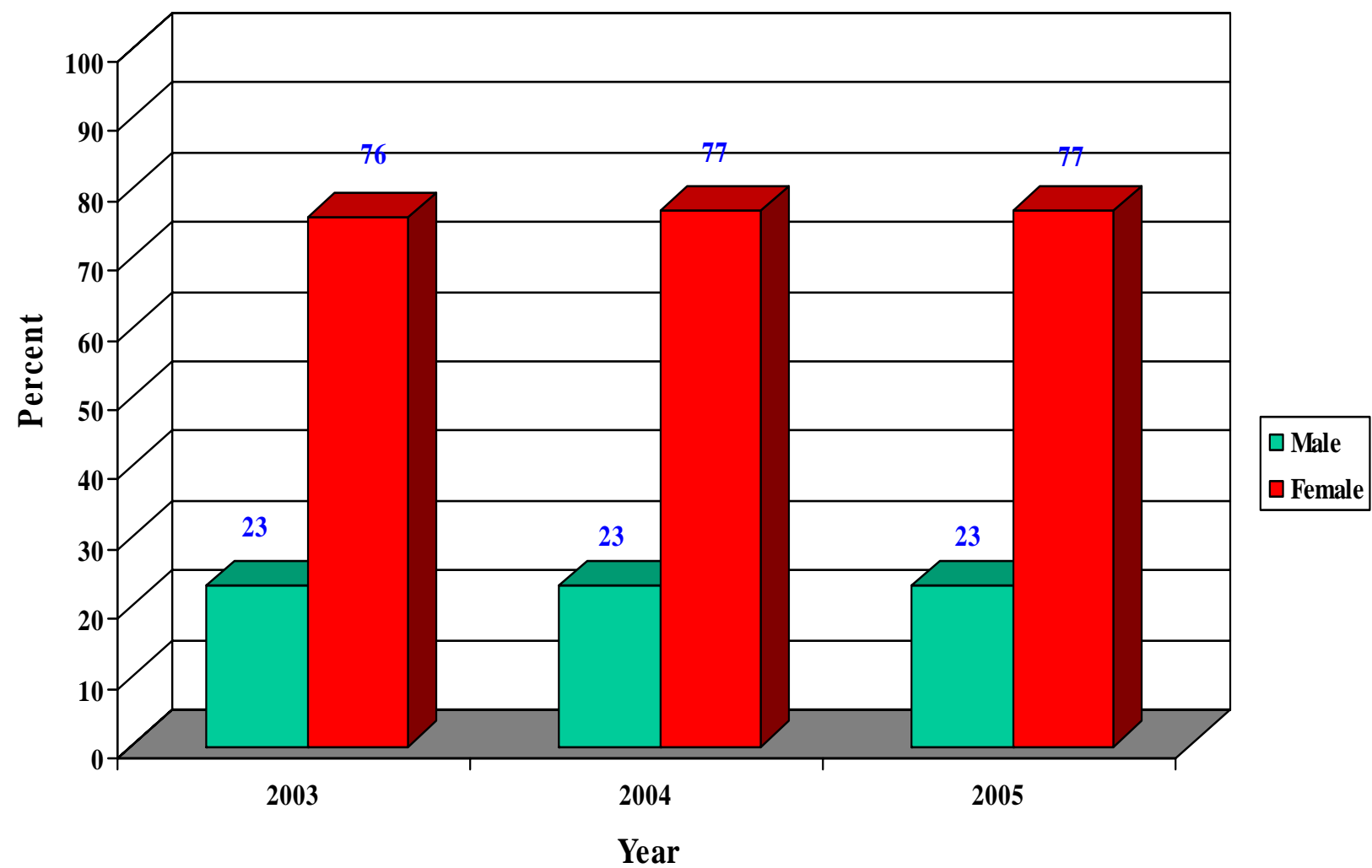


Source of Data: Resident Profile Survey

Residents In-house on December 31 of each year

Figure 18

Percentage of Residents by Gender

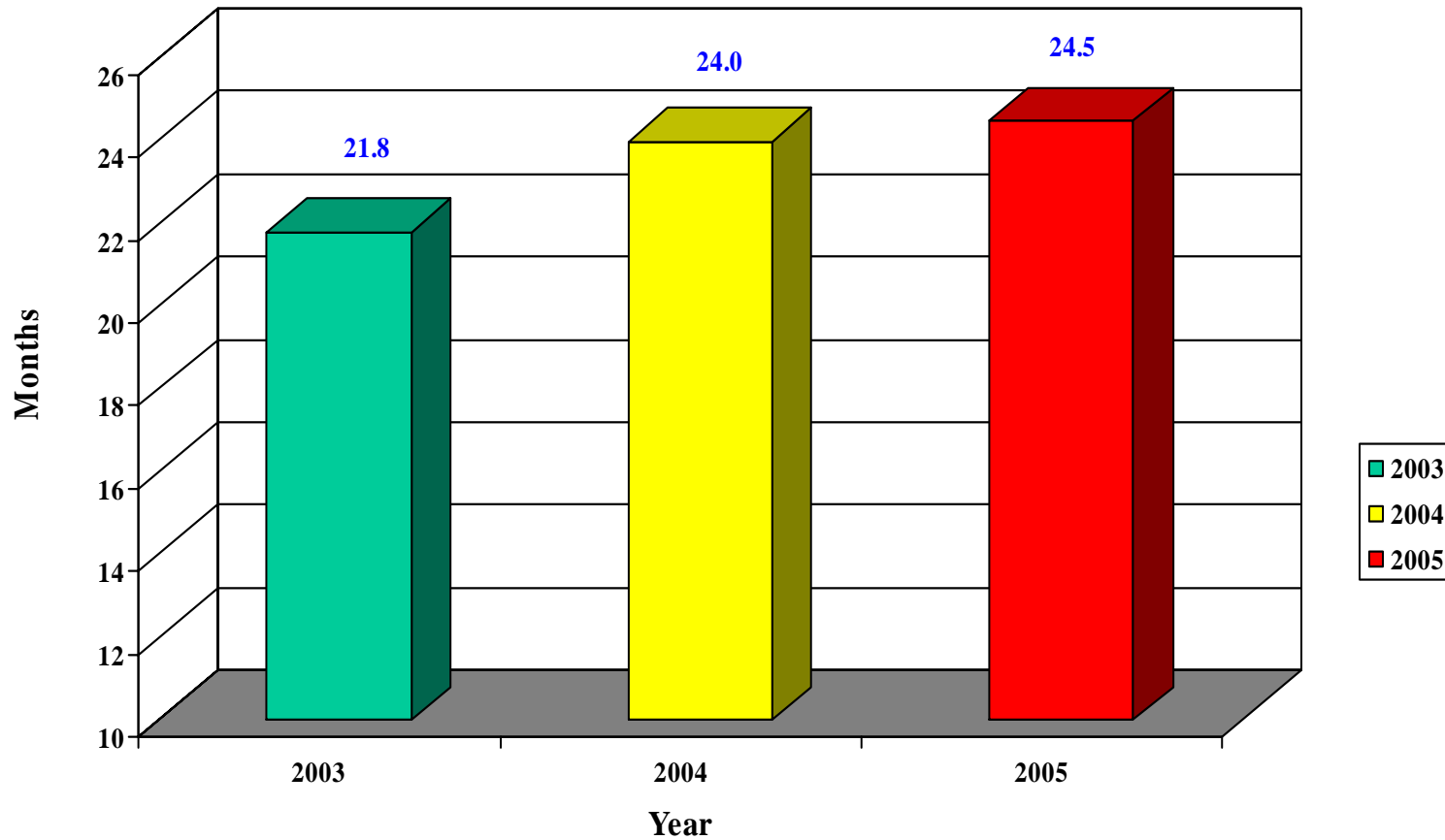


Source of Data: Resident Profile Survey

Residents In-house on December 31 of each year

Figure 19A

Mean Length of Stay for In-house Residents

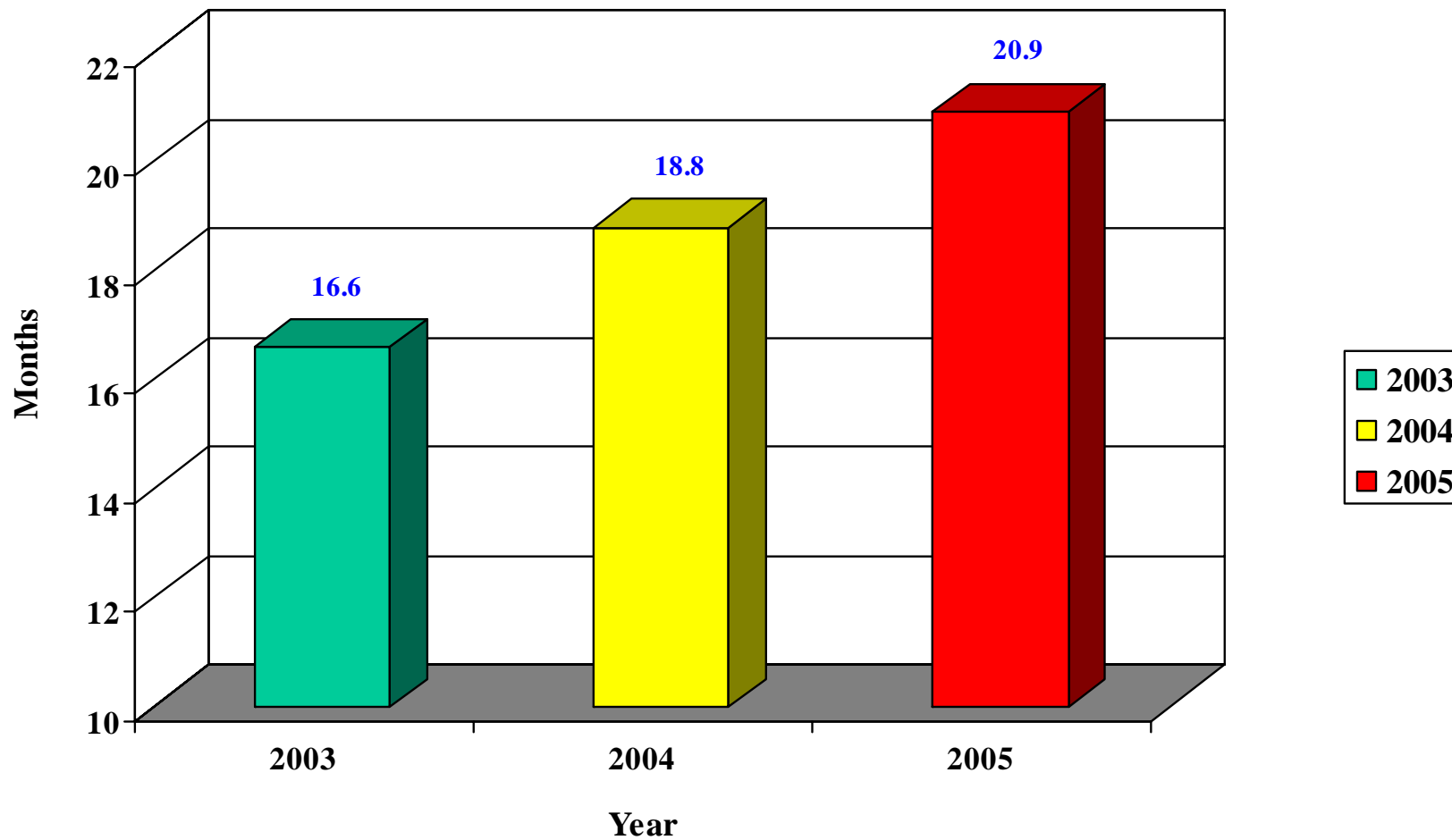


Source of Data: Resident Profile Survey

Residents In-house on December 31 of each year

Figure 19B

Mean Length of Stay for Discharged Residents

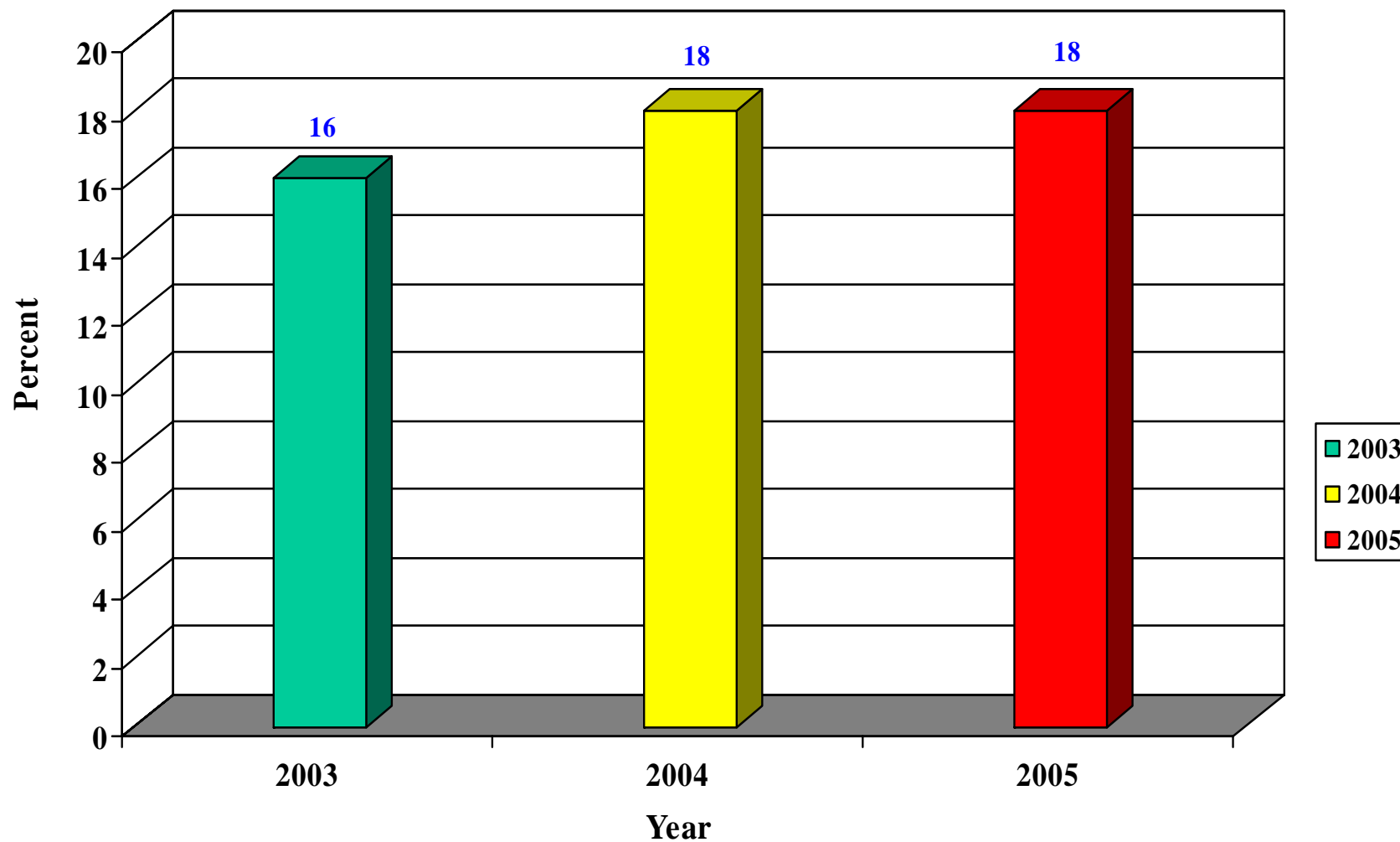


Source of Data: Resident Profile Survey

Residents discharged during calendar year

Figure 20

Percentage of Residents Covered by Medicaid

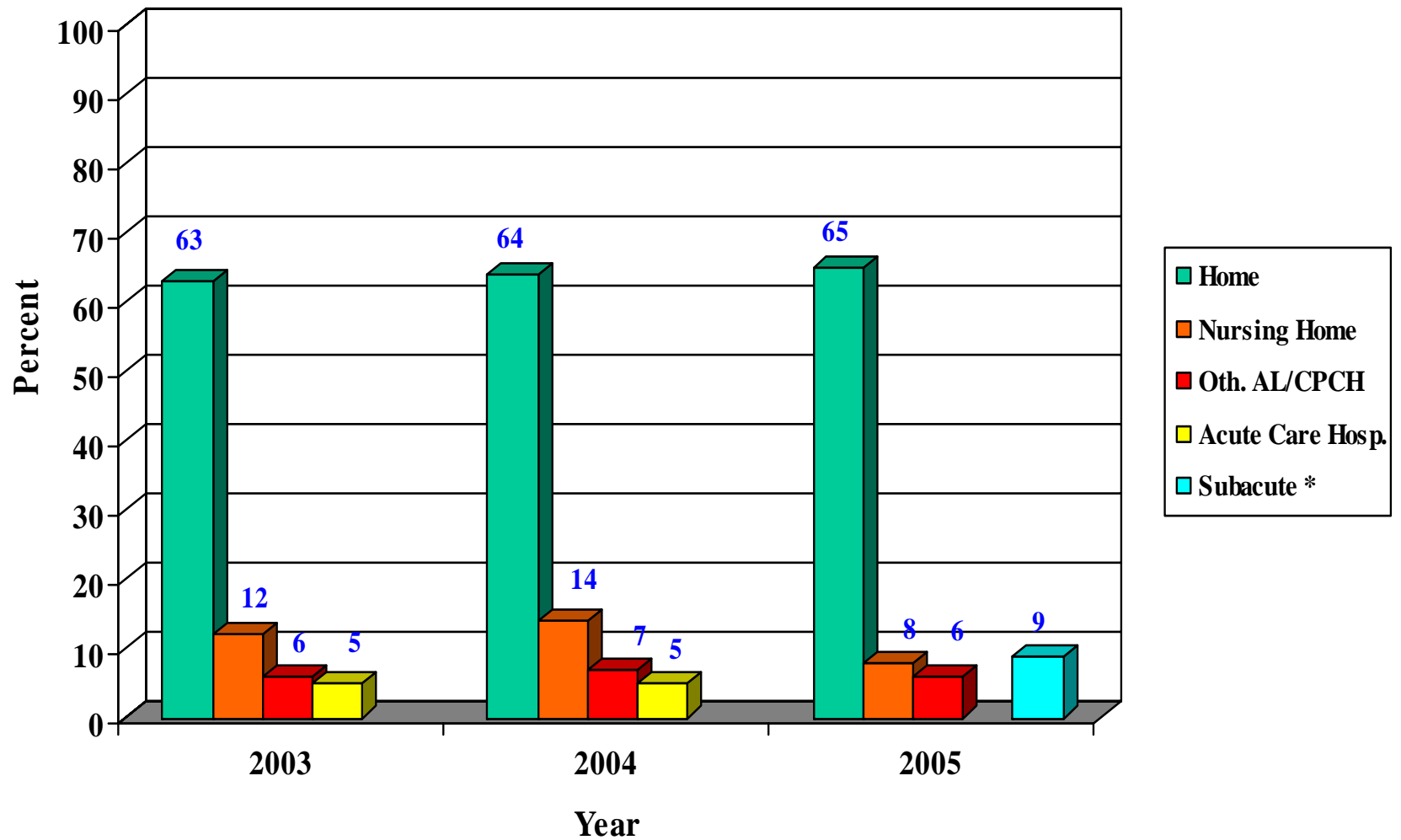


Sources of Data: Resident Profile Survey and NJ Aspen

Residents discharged during calendar year

Figure 21A

Source of Admission Four Largest Categories



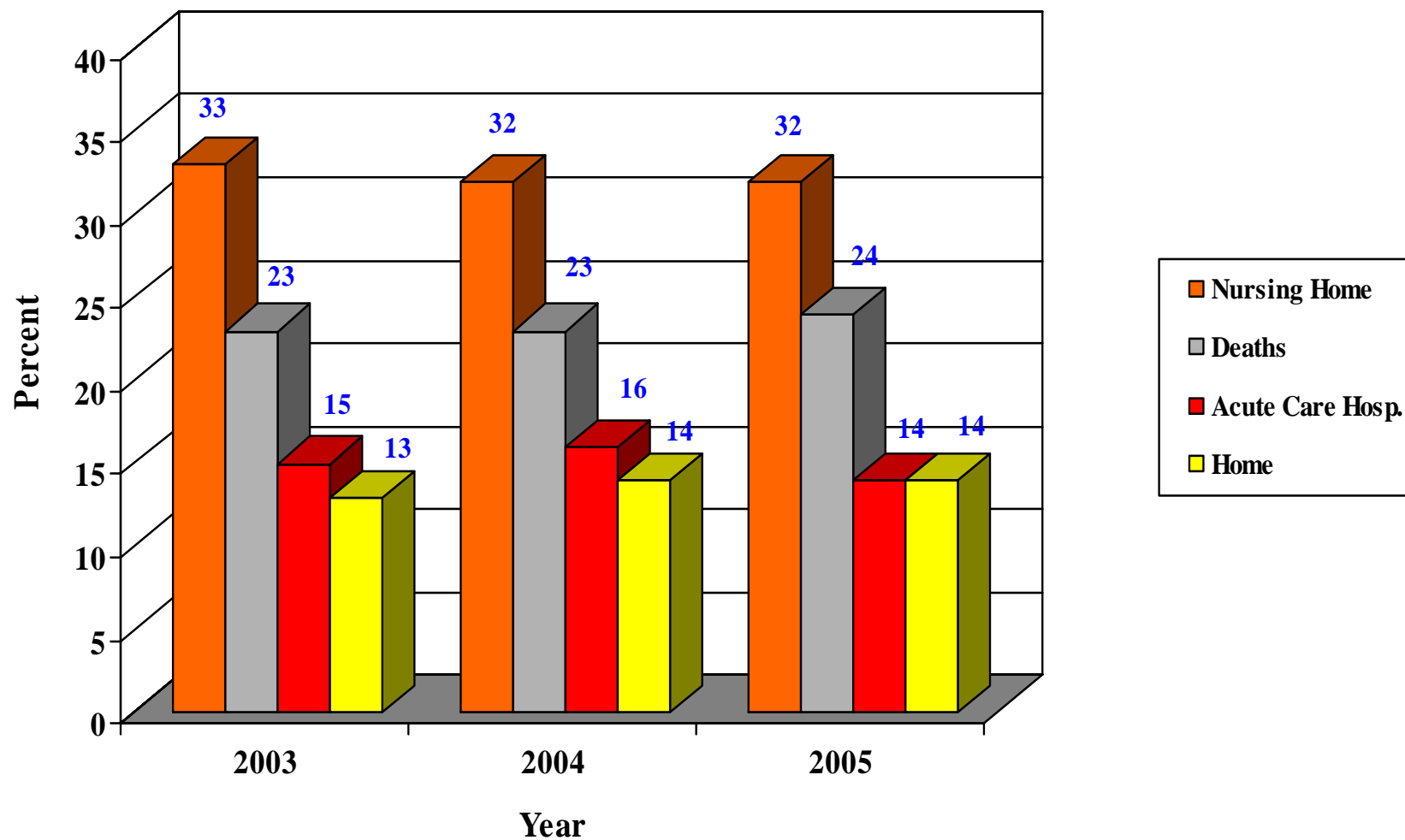
* The subacute category is new for 2005

Source of Data: Resident Profile Survey

Residents In-house on December 31 of each year

Figure 21B

Discharge Destination Four Largest Categories

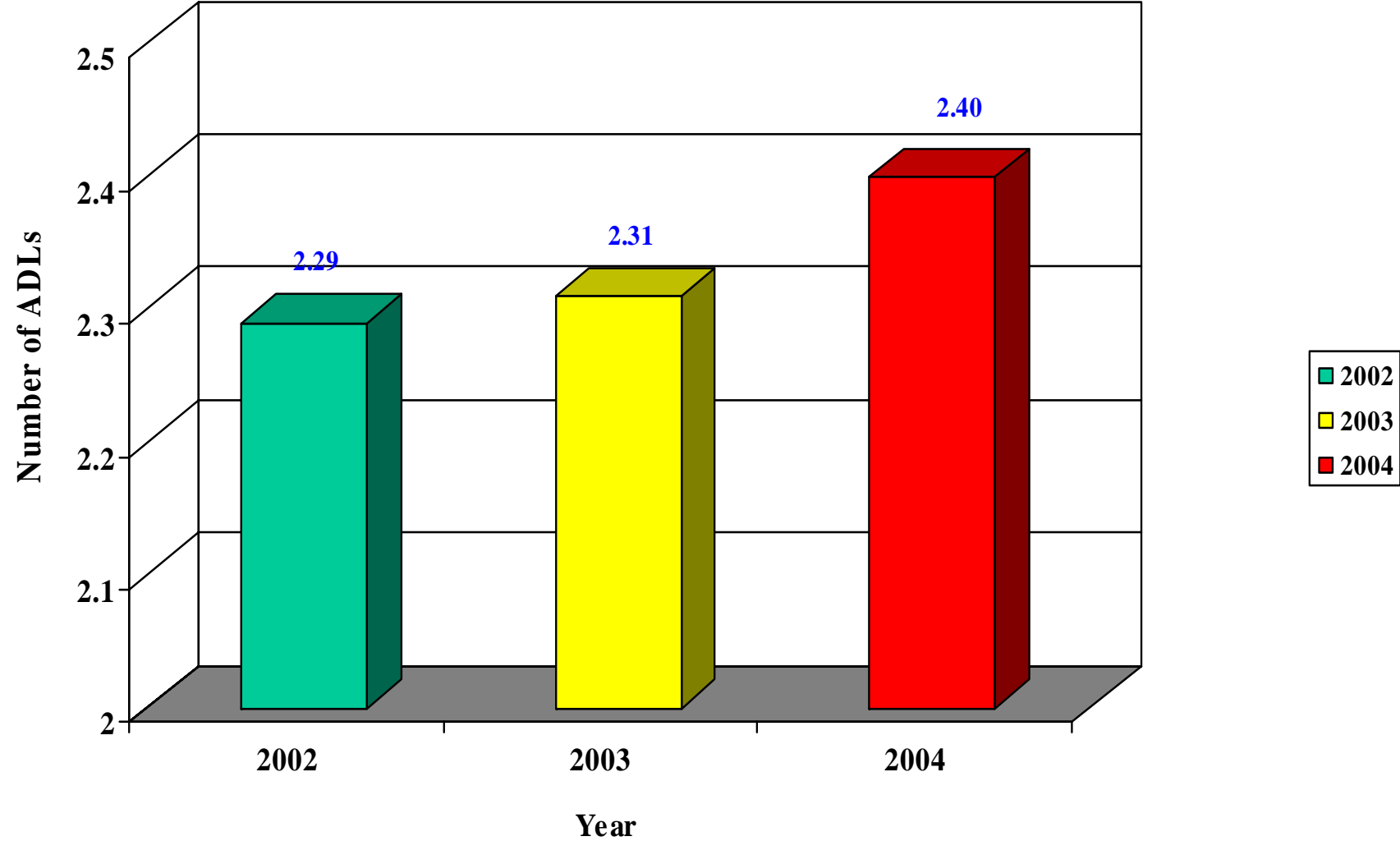


Source of Data: Resident Profile Survey

Residents discharged during calendar year

Figure 22

Mean Number of ADLs Requiring Assistance



Source of Data: Resident Profile Survey

Residents In-house on December 31 of each year

Figure 23

BERGEN COUNTY CPCH AND ALR FACILITIES



Figure 24

GLOUCESTER COUNTY ALR AND CPCH FACILITIES

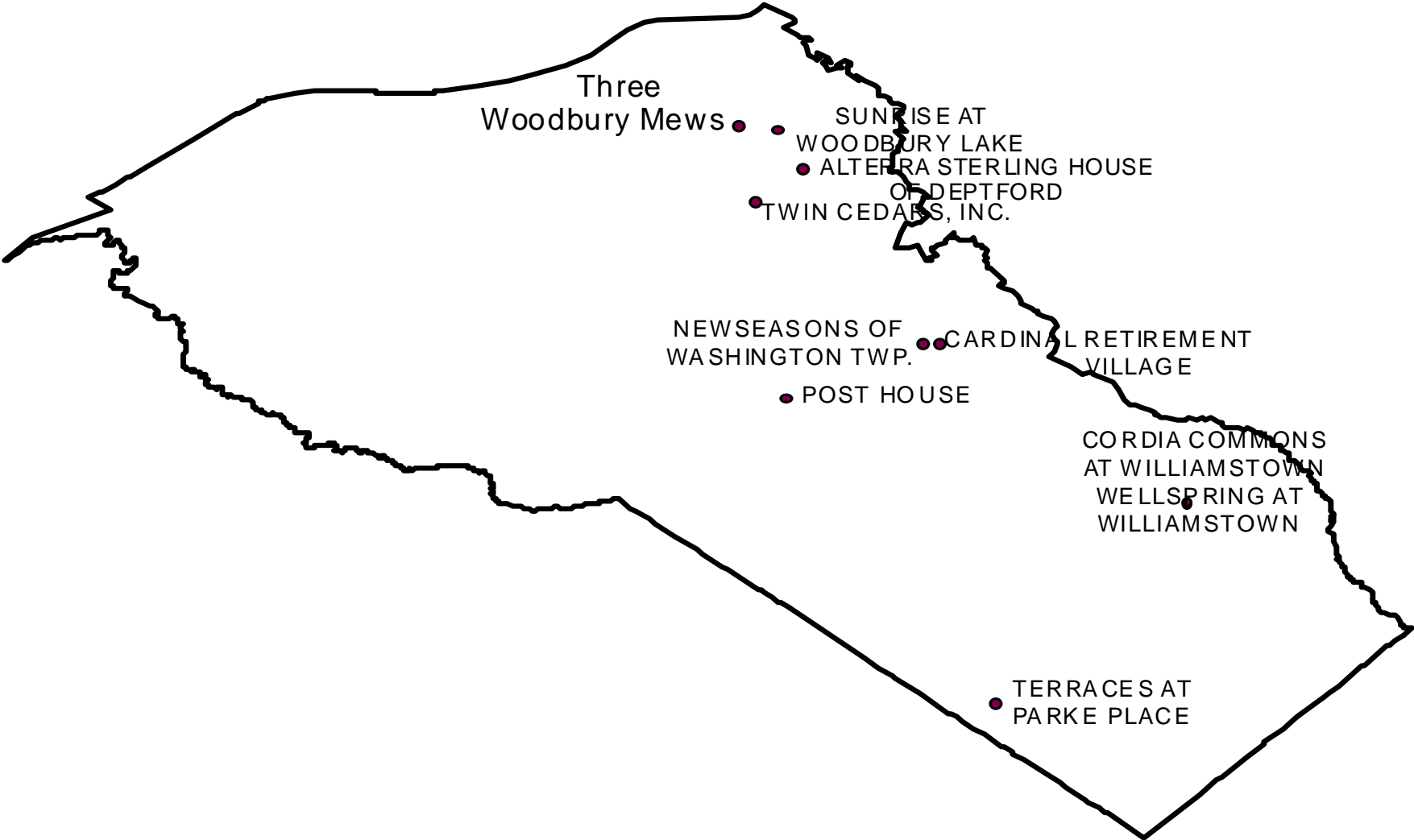


Figure 25

MERCER COUNTY ALR AND CPCH FACILITIES

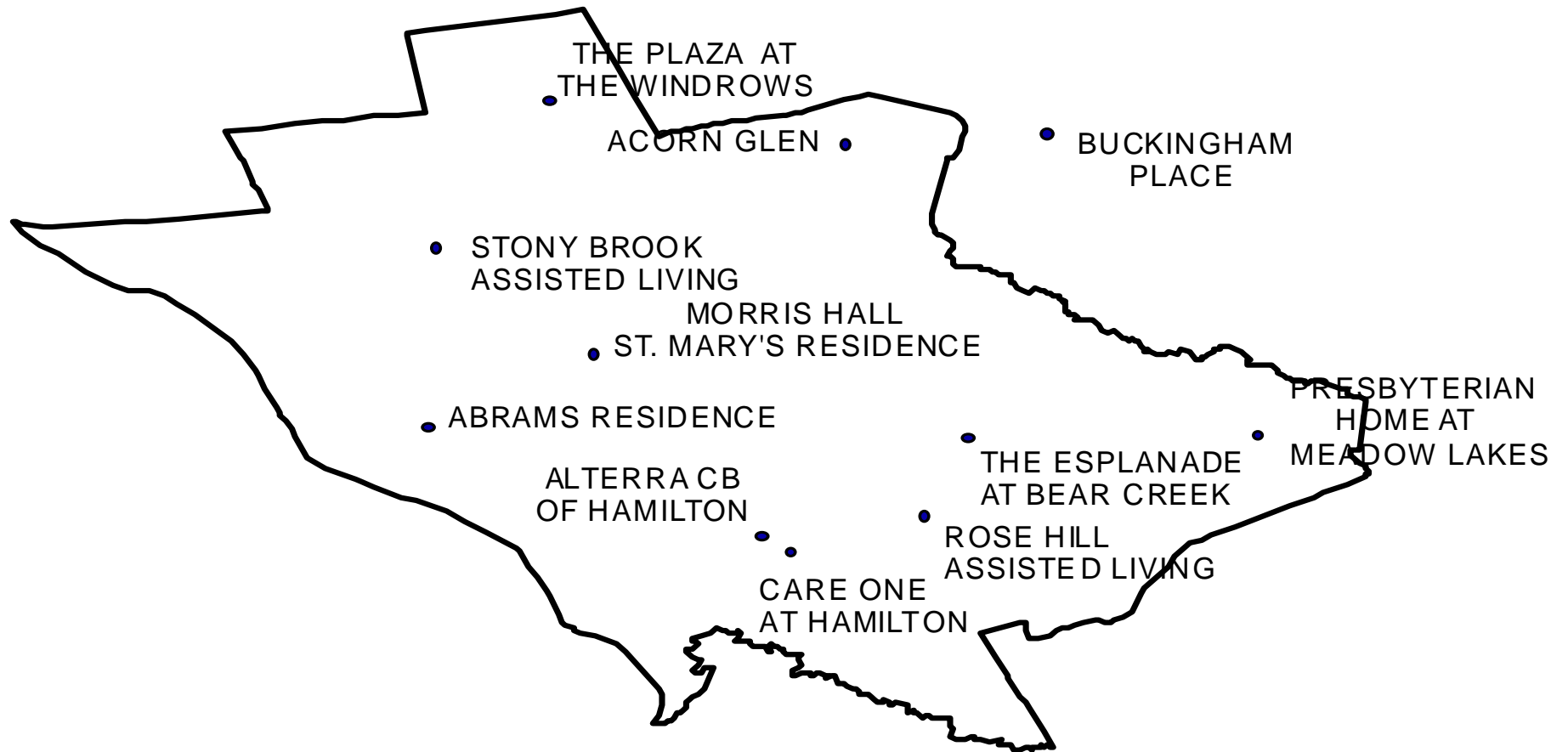
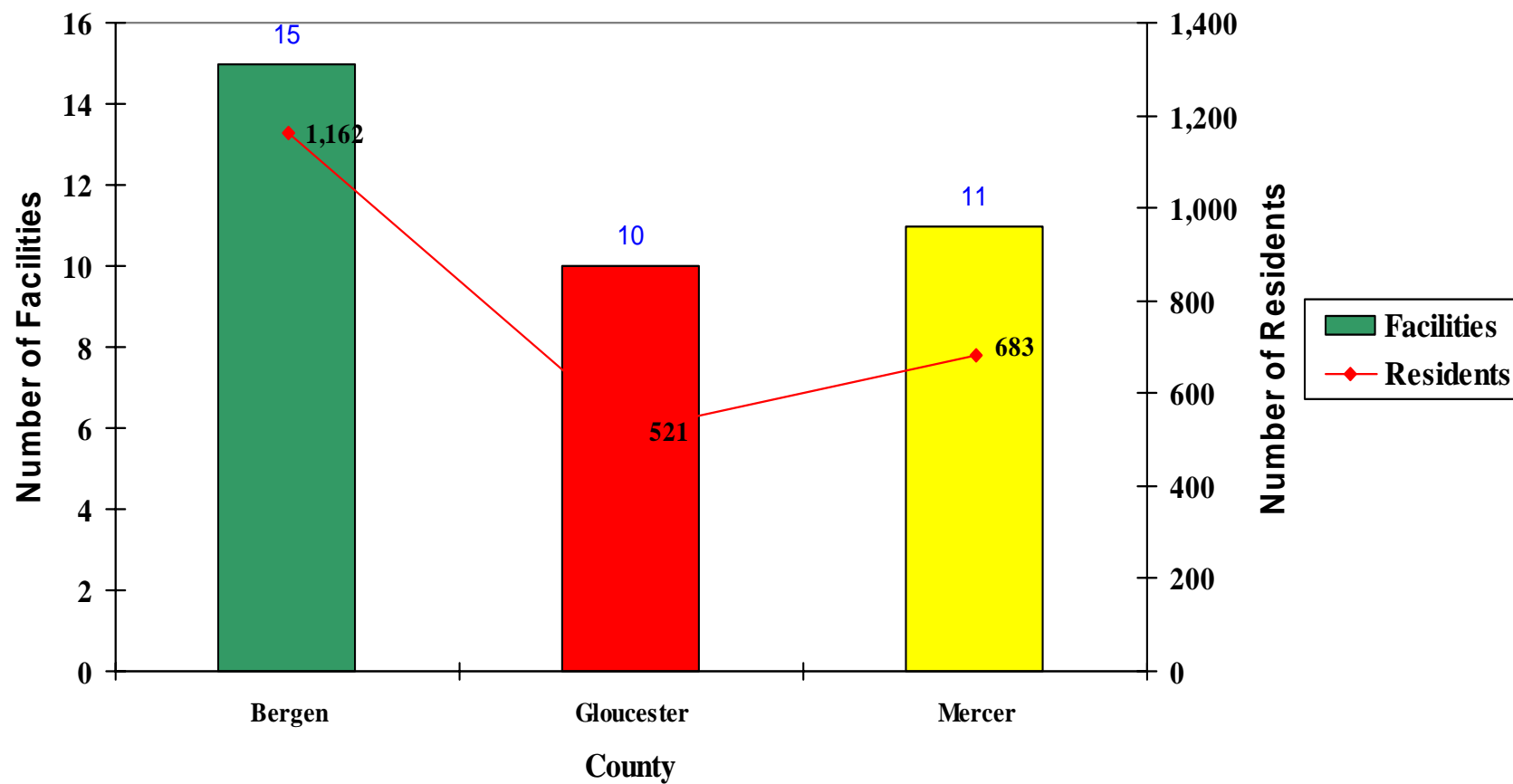


Figure 26

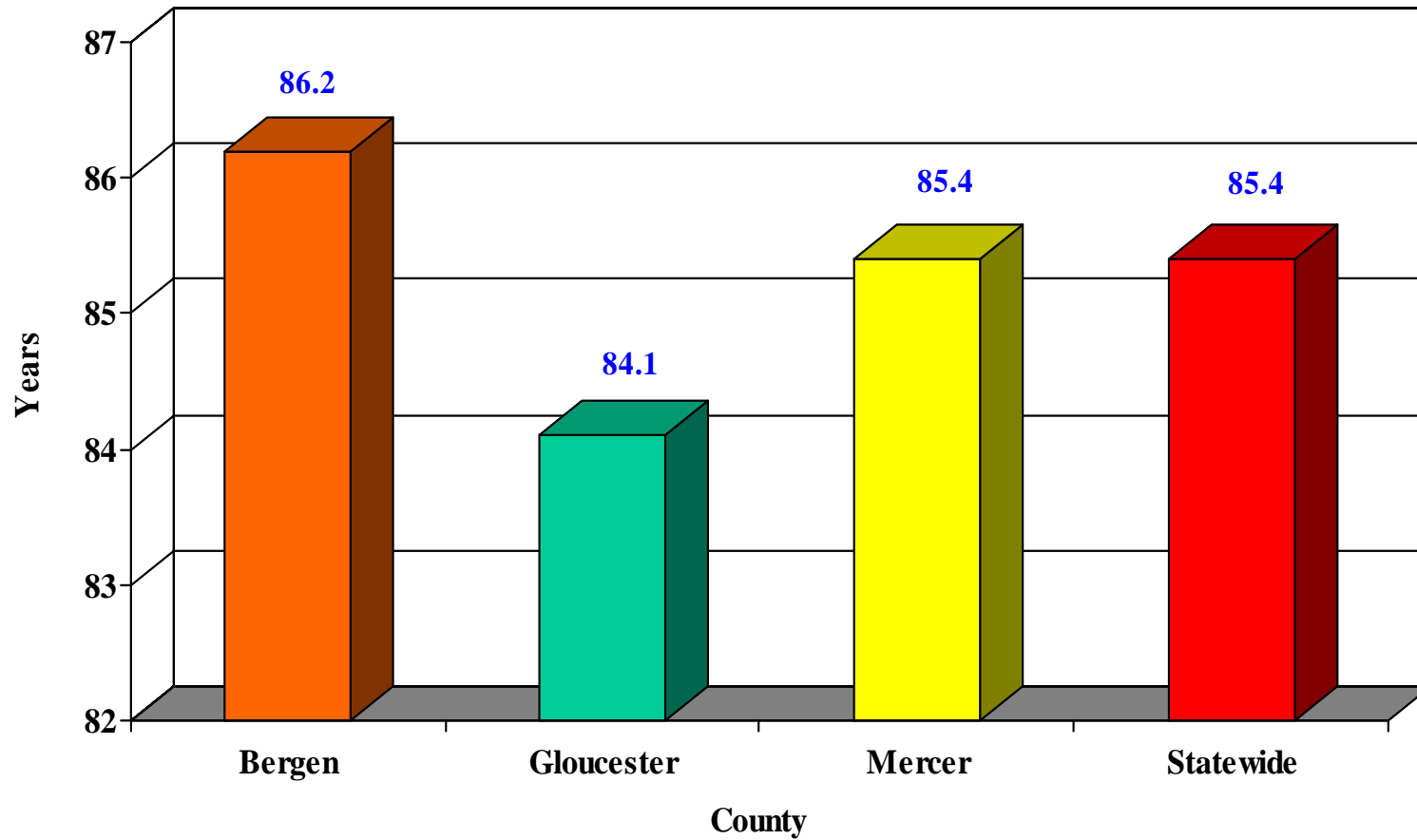
Number of Facilities and Residents on 12/31/2005



Source of Data: Resident Profile Survey - 2005

Figure 27

Mean Resident Age

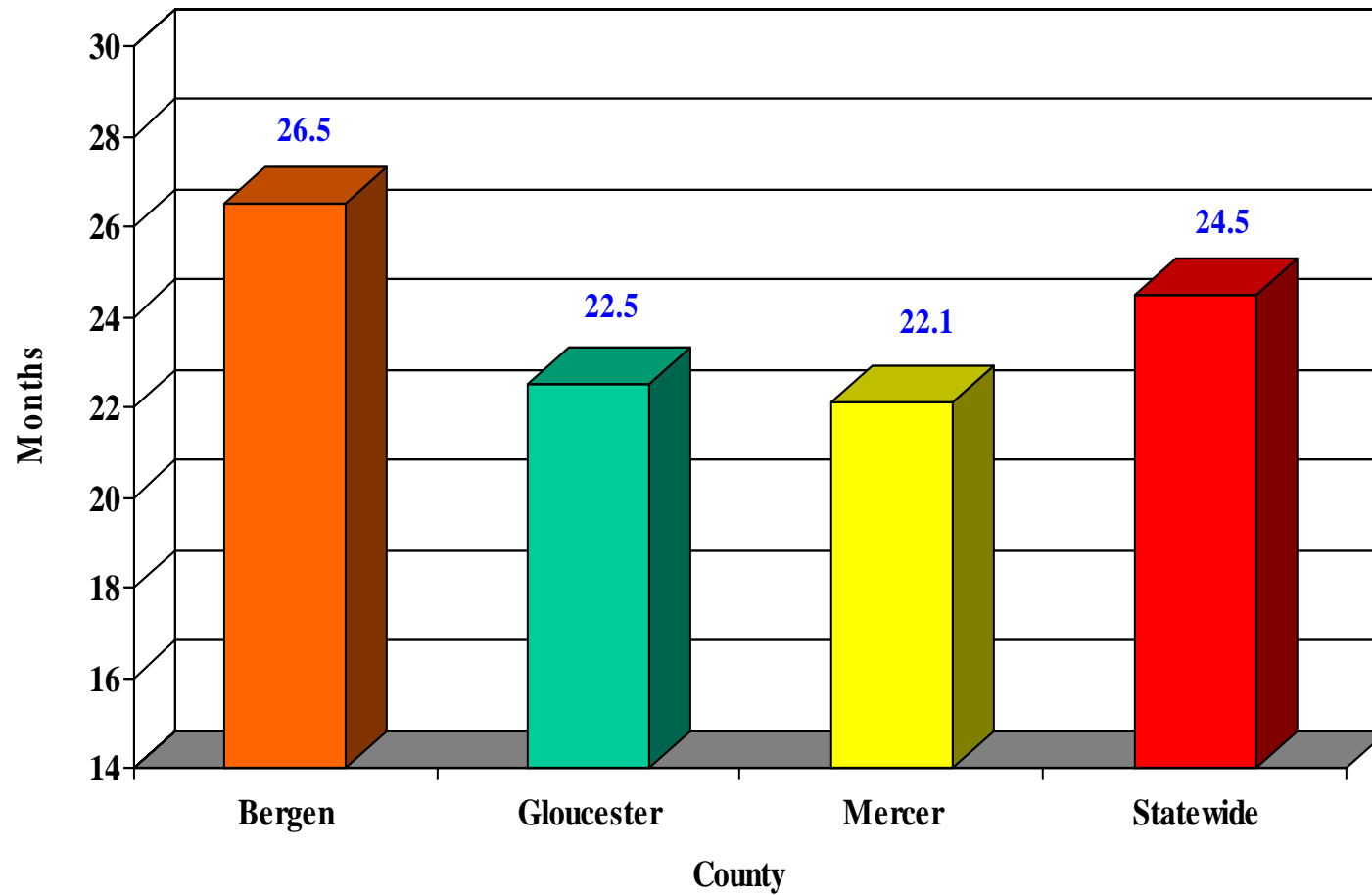


Source of Data: Resident Profile Survey - 2005

Based on 12,653 Residents in 196 ALR/CPCH Facilities on 12/31/2005

Figure 28A

Mean Length of Stay for Current Residents

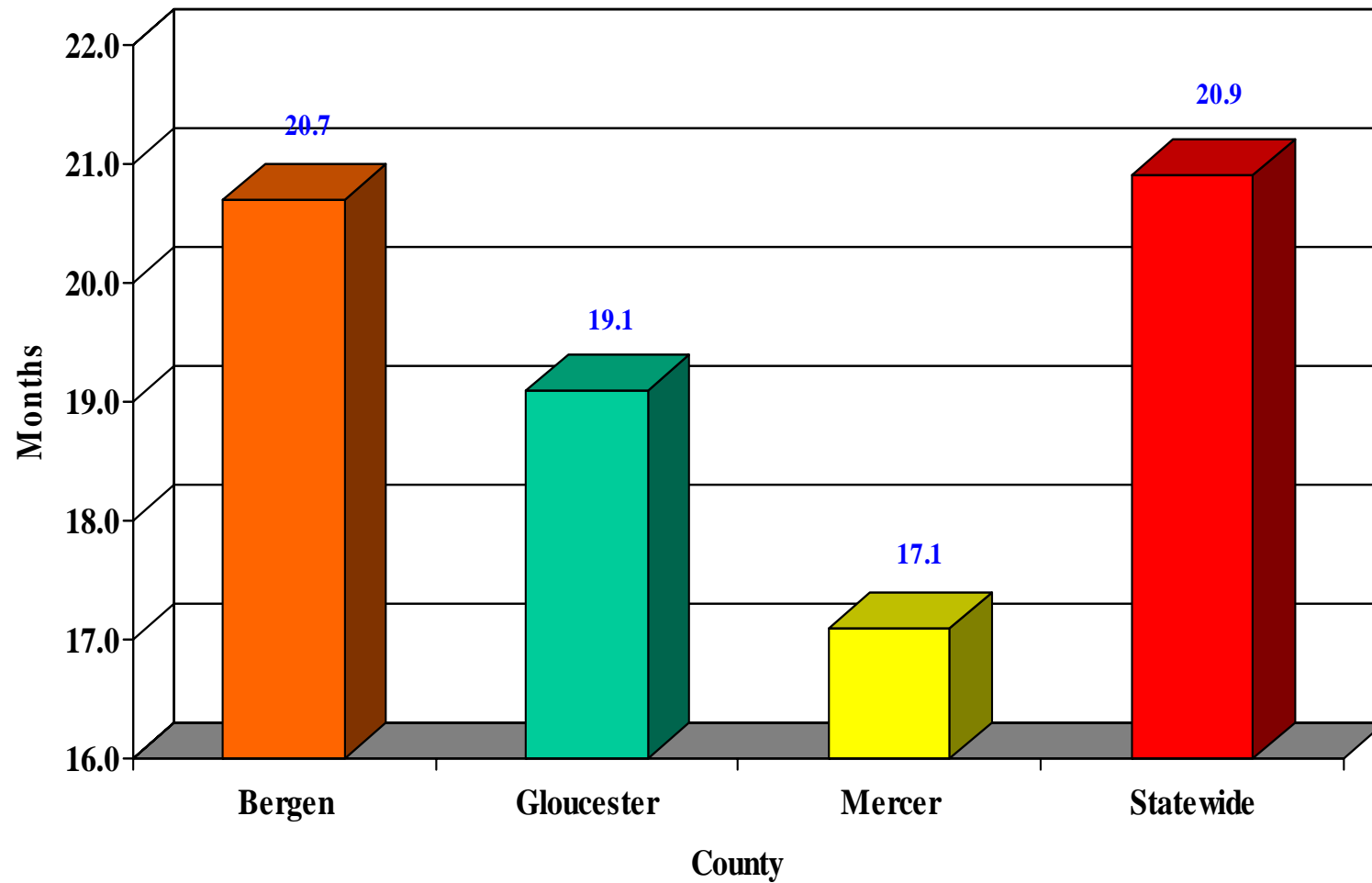


Source of Data: Resident Profile Survey - 2005

Based on 12,653 Residents in 196 ALR/CPCH Facilities on 12/31/2005

Figure 28B

Mean Length of Stay for Discharged Residents

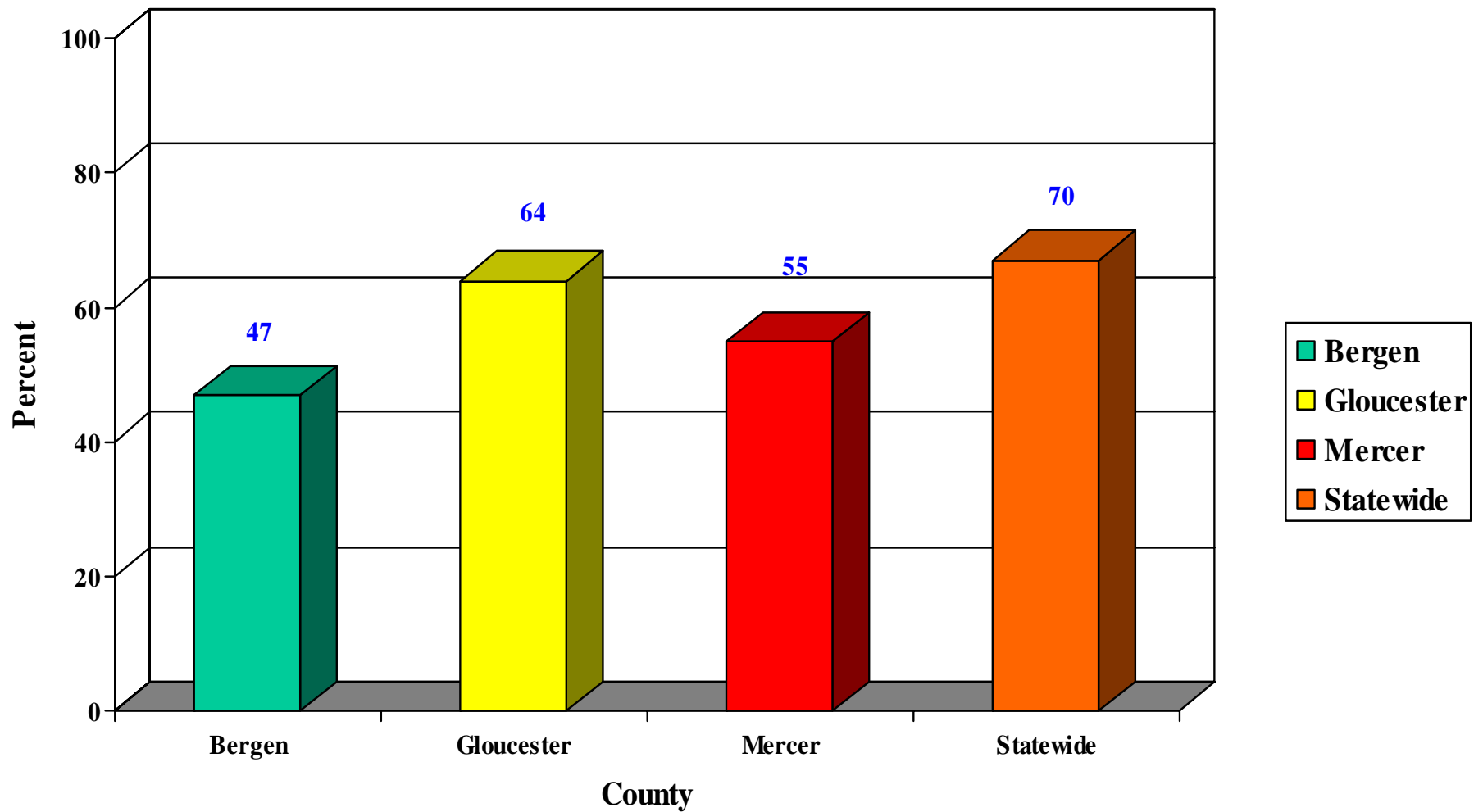


Source of Data: Resident Profile Survey - 2005

Based on 5,147 Residents Discharged from 196 ALR/CPCH Facilities in 2005

Figure 29A

Percentage of Facilities with Medicaid Waiver

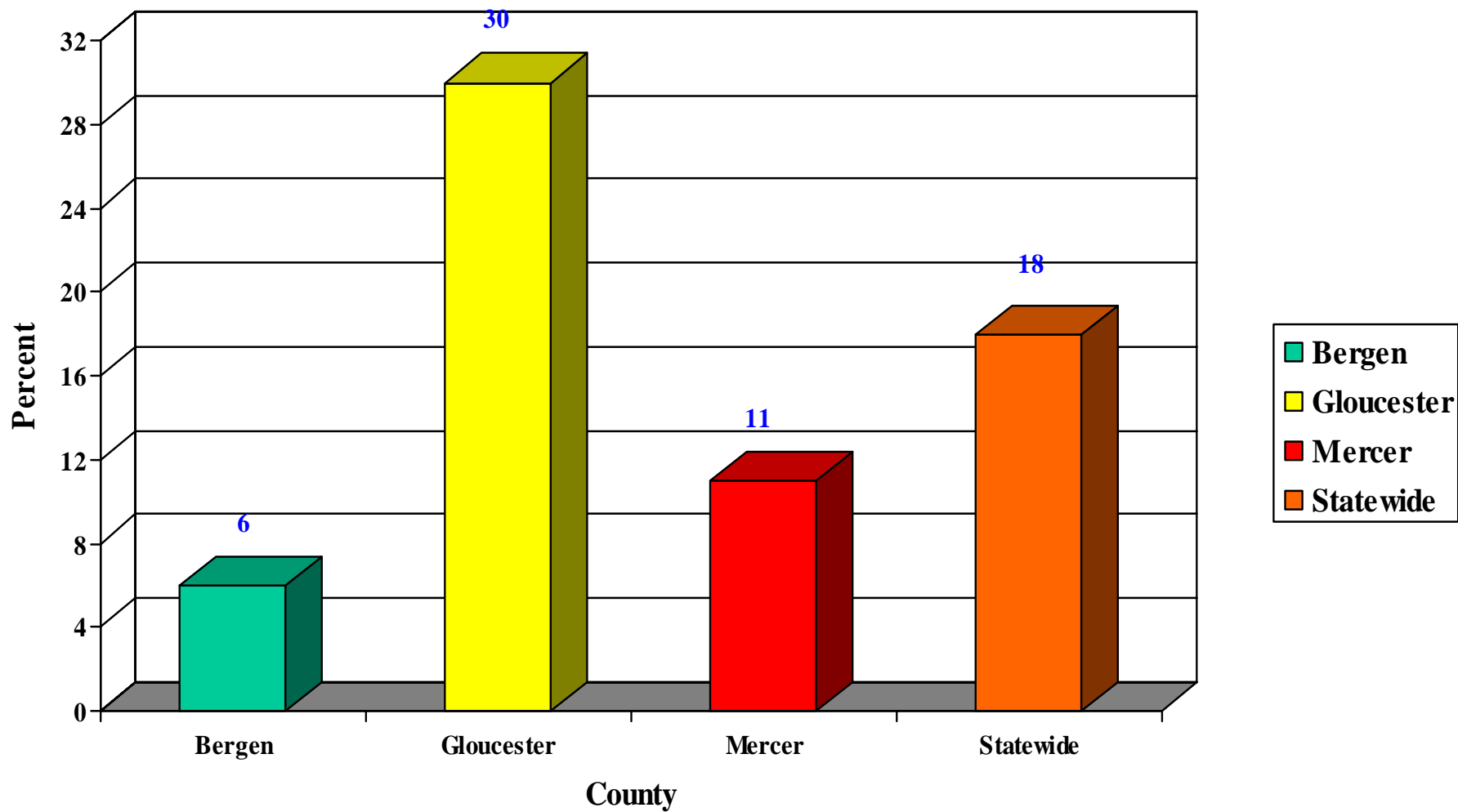


Sources of Data: Resident Profile Survey – 2005
NJ Aspen

Based on 12,653 Residents in 196 ALR/CPCH Facilities on 12/31/2005

Figure 29B

Percentage of Residents Covered by Medicaid

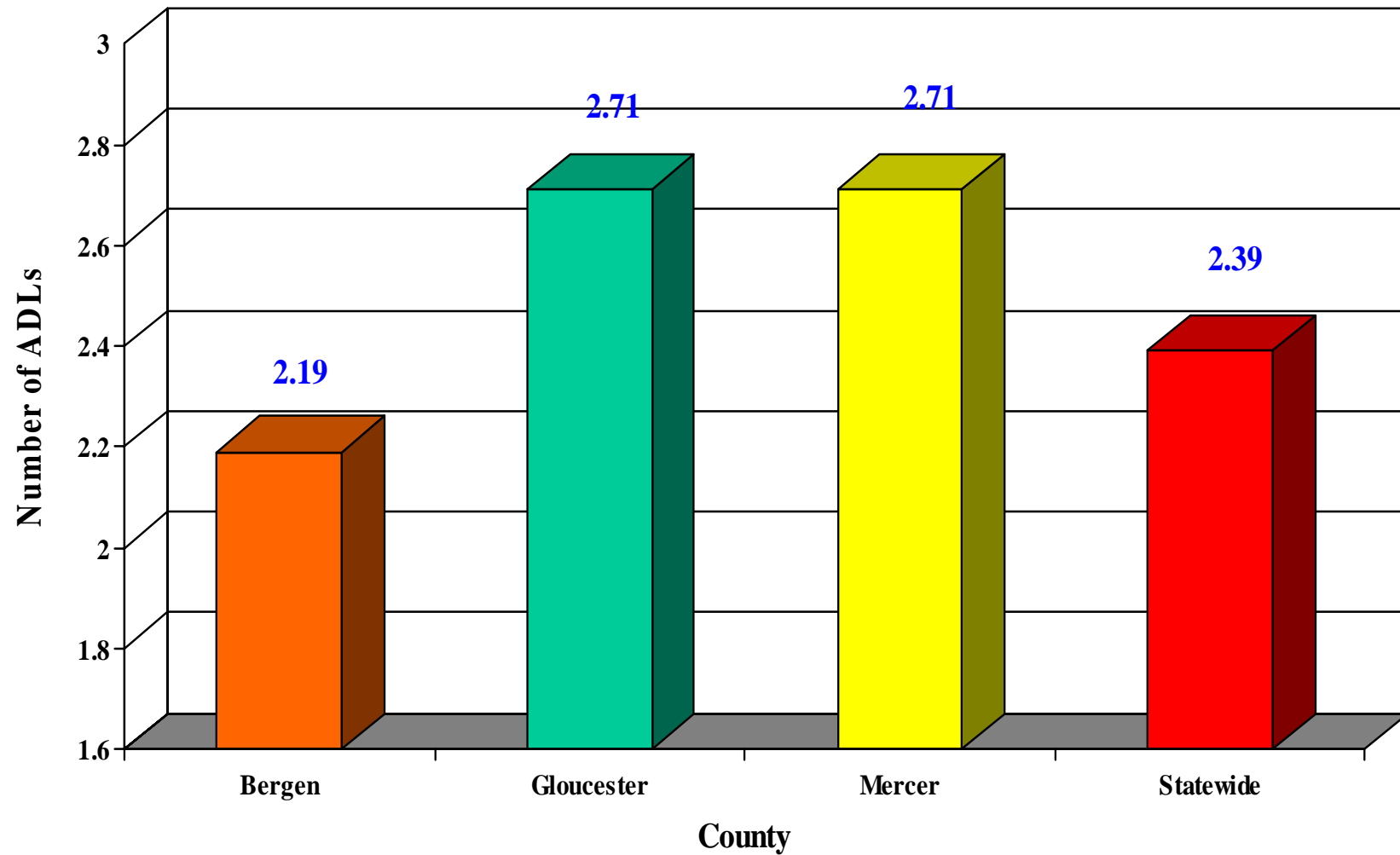


Sources of Data: Resident Profile Survey – 2005
NJ Aspen

Based on 12,653 Residents in 196 ALR/CPCH Facilities on 12/31/2005

Figure 30

Mean Number of ADLs Requiring Assistance Per Resident



Source of Data: Resident Profile Survey - 2005

Based on 12,653 Residents in 196 ALR/CPCH Facilities on 12/31/2005